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COVER LETTER

RON HENDERSON INVESTMEN SUBJECT:	NTS LLC
	ime of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
MARK H. RUFF ESQ.	
Name of Person	
THE LAW OFFICES OF MARK H. RUFF P.A.	
Firm/Company	•
165 SABAL PALM DRIVE, SUITE 135	
Address	
1 *************************************	
LONGWOOD, FLORIDA 32779	
	
LONGWOOD, FLORIDA 32779 City/State and Zip Code efilings@mhrlaw.com	<u> </u>
LONGWOOD, FLORIDA 32779 City/State and Zip Code	nual report notification)
LONGWOOD, FLORIDA 32779 City/State and Zip Code efilings@mhrlaw.com	,
LONGWOOD, FLORIDA 32779 City/State and Zip Code efilings@mhrlaw.com E-mail address: (to be used for future an For further information concerning this matter Lillian Garcia	r, please call: 407 951-6679
City/State and Zip Code efilings@mhrlaw.com E-mail address: (to be used for future an	r, please call: 407 951-6679 at ()
City/State and Zip Code efilings@mhrlaw.com E-mail address: (to be used for future an For further information concerning this matter Lillian Garcia Name of Person Mailing Address: Registration Section Division of Corporations	at () Area Code & Daytime Telephone Numl Street Address: Registration Section Division of Corporations
City/State and Zip Code efilings@mhrlaw.com E-mail address: (to be used for future an For further information concerning this matter Lillian Garcia Name of Person Mailing Address: Registration Section	at () Area Code & Daytime Telephone Numl Street Address: Registration Section
City/State and Zip Code efilings@mhrlaw.com E-mail address: (to be used for future an For further information concerning this matter Lillian Garcia Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2103 K-Ville Avenue Auburndal	b) <u>2103 K-</u> V	K-Ville Avenue Auburndale, FL 33823					
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 05 26 7020			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) L20000143054				
)							
Registered Agent and Registered Of	fice shown on the records of	of the Florid	da Dept. of St	ite:			
Mark H. Ruff, The Law Offices	of Mark H. Ruff, P.A.						
Registered Office Address (MUS	T BE FLORIDA STREE	TADDRES	<u>5S)</u>	_	<u> </u>	20	
630 N. Wymore Road, Suite 33	0				TAL	22 S	
Maitland	, I	F13275	51	_	TUNKY O	2022 SEP -	6
					ASSE ASSE	PH	
Enter name of <u>NEW Registered Ag</u>	ent and/or NEW Register	red Office_a	ddress:	-	بر اج	ယ	
Mark H. Ruff, Esq., The Law C	Offices of Mark H. Ruff,	P.A.		_	FL	3: 24	
NEW Registered Office Address:							
165 Sabal Palm Drive, Suite 13	5						
Longwood	.1	32779 FL)				
limited liability company is not ge or changes are made, the Flor	organized under the lida street address of the of a Florida limited	he registe	red office a company, it	and the busines	ss office o firmed tha	f the re it the cl	egistere hange(

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent