LZ0000381610

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	NUFAM LLC			
	Nai	me of Li	mited Li	ability Company
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Off	fice Char	ngc and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matte	r to the	following:
CHRIS	TOPHER M COLLIER			
•	Name of Person			_
NUFAN	M LLC			
	Firm/Company			
7901 4t	h St N STE 300			
	Address		-	
ST. PET	TERSBURG, FLORIDA 33702			
	City/State and Zip Code			_
email@	mynufam.com			
E-	-mail address: (to be used for future and	nual repo	ort notifi	cation)
For fur	ther information concerning this matter	, please	call:	
CHRIS	TOPHER COLLIER	at (786	222 4874
	Name of Person	~ (_	<u>. </u>	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
,	Enclosed is a check for the following	g amoun	t:	
	■ \$25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy
INHS18	5(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.

Principal office address of limited liability company: Mailing address of limited liability company:	2. (a)	NUFAM LLC	UFAM LLC (b) NUFAM L					
ST. PETERSBURG, FLORIDA 33702 12/07/2020 L20000381610 Date of filing/registration in Florida 4. Document number	. (a)	•	(0)_	Mailing addi				
Date of filing/registration in Florida Date of filing/registration in Florida CHRISTOPHER COLLIER Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CHRISTOPHER COLLIER Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 11050 SW 196 ST APT 209 CUTLER BAY FL 33157-8489 CUTLER BAY FL 33157-8489 REGISTERED AGENTS INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: REGISTERED AGENT INC. NEW Registered Office Address: 7901 4TH ST N STE 300 ST PETERSBURG FL 33702 The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that nange or changes are made, the Florida street address of the registered office and the business office of the registert will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provise articles of dreanization or the operating agreement of the limited liability company.		7901 4TH ST N STE 300	7	901 4TH ST N STE				
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CHRISTOPHER M. COLLIER, MANAGER	ange ent v as/wo	or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of	registered ability comport the limite	office and the busing pany, it is hereby conditionally and liability company	ness office confirmed that	of the rat the	registered change(s)	
CHAIL AND COLLECT MANAGER	,	CAMCU/E	CHRIS	TOPHER M. COLL	IER, MANA	GER		

Signature of Registered Agent

I hereby 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 Jamiliar 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.