## L20 000 393 014

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

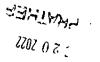
Office Use Only



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2022 SEP 13 PH 2: 47



## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Nomad Athletics LLC		
	N	lame of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered (	Office Change at	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to th	e following:
Jhar	nese Hoosain		
	Name of Person		
ZenBu	siness Inc.		
	Firm/Company		<del></del>
336 E.	College Ave. Suite 301		
	Address		
Tallaba	issee, FL 32301		
	City/State and Zip Cod	le	
ra@zei	ibusiness.com		
E	-mail address: (to be used for future	annual report no	tification)
For fu	ther information concerning this mat	ter, please call:	
Jhan	ese Hoosain	844 at (	493-6249
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	□ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy

## 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.

1. Na	ame of the limited liability company: Nomad	Athle	tics LLC	
	13485 MANDARIN CIRCLE		(b) 13485 MANDAF	RIN CIRCLE
Z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of lin	nited liability company: OST OFFICE BOX)
	NAPLES, FL 34109		NAPLES, FL 34	109
	12/16/2020		L20000393014	
3.	Date of filing/registration in Florida	4.	Document number	er
5. (a)	KALIKAS, ANDREI			
	Registered Agent and Registered Office shown on the record	s of the Flor	rida Dept. of State:	2022 ALİ
	4429 Cleveland Ave			SEP
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	(22)	P 13
	Unit 120			. 1
	Fort Myers	<sub>FL</sub> 339	<del></del> <del>3</del> 01	PH 2:
(b)	ZenBusiness Inc.  Enter name of NEW Registered Agent and/or NEW Registered.	ered Office	address:	E E
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:		<del></del>	
	Tallahassee	, FL		
change agent was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of /s/Brett Alexander Cornick	the regist d liability rs of the l the limite	ered office and the business off company, it is hereby confirme imited liability company or as (	ice of the registered d that the change(s) otherwise provided in
	ture of a member or authorized representative of a member	_	Printed or typed nar	
I here provisi the obs	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change	agree to d ete perfor ided for i , I hereby	act in this capacity. I further as	ree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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