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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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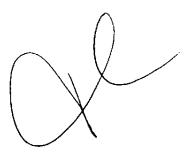




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COVER LETTER

Division of Corporations			
NULLARBOR LLC SUBJECT:			
	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
John Ragalis			
Name of Person			
NULLARBOR LLC			
Firm/Company			
895 S Gultview Blvd Unit 306			
Address			
Clearwater Beach, FL 33767			
City/State and Zip Code			
news@ragalis.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, please	call:		
John Ragalis	212 962-6060		
Name of Person	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 amount	nt:		
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy		
INHS)8 (2/14)			

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\bullet 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. N	ame of the limited liability company: NULLARBOR LL	.C		
2. (a)	John Ragalis		(b) John Ragai	is
(,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	_	` /	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	895 S Gulfview Blvd Unit 306		895 S Gulfy	riew Blvd Unit 306
	Clearwater Beach, FL 33767		Clearwater	Beach, FL 33767
	1/11/2021		L2100002589	91
3. 5. (a)	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT LLC	4.		Document number
er (a	Registered Agent and Registered Office shown on the records of a 7901-4th St N STE 300	he Flo	ida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDR)	<u> </u>	전 사
	St. Petersburg FL	33702		·
(b)	John Ragalis			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	895 S Gulfview Blvd Unit 306			
	NEW Registered Office Address.			
	Clearwater Beach	33767		
chang agent was/w	fimited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liable.	regist bility i the l imite	ered office and company, it is imited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_	attle of a member or authorized representative of a member			Printed or typed name of signee
попуш	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change.	re to o perfor for ii ereby	nct in this capa mance of my d i Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is beiny filed he limited liability company has been

Division of Corporations

• P.O. Box 6327

• Tallahassee, Fl. 32314

FILING FEE: S25.00

INHS18 (2/14)

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