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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| | Registration Section Division of Corporations | | • | | | | |
|--------------|--|---------------------------------------|--|--|--|--|--|
| SUBJEC | 7111 NSB, LLC | | | | | | |
| | | Name of Limited Liability Company | | | | | |
| Dear Sir | or Madam: | | | | | | |
| The encl | osed Registered Agent/Registered C | Office Change a | and fee(s) are submitted for filing. | | | | |
| Please re | eturn all correspondence concerning | this matter to t | he following: | | | | |
| Bridget M | 1. Friedman | | | | | | |
| | Name of Person | · · · · · · · · · · · · · · · · · · · | | | | | |
| Friedman | Law, P.A. | | | | | | |
| | Firm/Company | | | | | | |
| 600 Rinel | hart Road, Suite 3086 | | | | | | |
| | Address | | | | | | |
| Lake Mar | y, FL 32746 | | | | | | |
| | City/State and Zip Code | - , - | | | | | |
| bfriedmar | n@ff-attorneys.com | | | | | | |
| E-n | nail address: (to be used for future a | nnual report no | tification) | | | | |
| For furth | er information concerning this matte | er, please call: | | | | | |
| Bridget M | 1. Friedman | 407 at (| 830-6331 | | | | |
| <u>-</u> | Name of Person | ··· \ <u></u> | Area Code & Daytime Telephone Number | | | | |
| R I: P | 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 | | | | |
| E | inclosed is a check for the followin | g 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.

| I. N | ame of the limited liability company: 7111 NSB, LLC | · | | |
|------------------------------|---|--|--|--|
| 2. (a) | 1519 N. Gardner Street, Los Angeles, CA 90046 | | 'h) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | | |
| | 01/26/2021 | | 1.21000047 | 121 |
| 3. 5. (a) | Date of filing/registration in Florida John Gheur | 4. | | Document number |
| | Registered Agent and Registered Office shown on the records o 1519 N. Gardner Street | of the Floric | la Dept. of Stat | le: |
| | Registered Office Address (MUST BE FLORIDA STREET) 1519 N. Gardner Street | T ADDRES | <u></u> | _ |
| | Los Angeles, CA | | - | - . • |
| (b) | Friedman Law, P.A. | | | FILED M 9: 47 2021 JUL 28 AM 9: 47 SECRETARY OF STATE TALLAHASSEE, FLOW |
| . , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office a | ddress: | |
| | 600 Rinehart Road, Suite 3086 | | | TILED MA |
| | NEW Registered Office Address: | | | |
| | 600 Rinehart Road, Suite 3086 | _ | <u> </u> | 93 5 |
| | Lake Mary, FI | L | | |
| :nange igent v was/wo | imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | e register lability co of the lin limited l | ed office and impany, it is sited liability | d the business office of the registered thereby confirmed that the change(s) |
| Signat | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| he obli o mere otified | by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide it reflect a change in the registered office address, I is writing of this change. | ree to act performed d for in (hereby co | in this capa unce of my a Thapter 605, onfirm that to | and the state of t |

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