To: -18506176383

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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10.	Division of Corporations		; o
	Fax Number : (850)617-6383		-2
From:			2
	Account Name : SAUL, EWING, AR	NSTEIN & LEHR, LLP	AM 10: 1
	Account Number : I20060000021		-
	Phone : (561)833-9800 Fax Number : (561)655-5551		7
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Corporate Filing Menu

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11210003286333

From: Dana J. Walkup

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.

2. (a))		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r;	Mailing address	of limited liability company: BE POST OFFICE BOX)
	7 Pearl Court		7 Pearl Court	
	Allendale, NJ 07401		Allendale, NJ 07401	
	01/28/2021		L21000051232	
	Date of filing/registration in Florida	4.	Document nu	ımber
(a)	NORTHWEST REGISTERED AGENT, LLC			
	Registered Agent and Registered Office shown on the record	s of the Flori	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u> </u>	2 4.7
	7901 4th Street N, Suite 300			SCCRETA STON-OU STON-O
•	St. Petersburg	FL 33702		FILE RETARY NOF SE EP -2
д., A	ANTOINETTE THEODOSSAKOS			무슨말
(b) <u> </u>	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office a	ddress:	OF STATE PERALISE AN IO: 1
_			~- 	-
	NEW Registered Office Address:			
5 	SIS N. Flagler Drive, Suite 1400		,	
V	Vest Palm Beach	FL		
ge or	ted liability company is not organized under the changes are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of deanization or the operating agreement of the	he register liability co s of the lin ne limited	ed office and the business ompany, it is hereby confir nited liability company or a	office of the registered med that the change(s)
were a				name of signer
rticles	of a member or authorized representative of a member occept the appointment as registered agent and a of all statutes relative to the proper and completions of my position as registered agent as provide effect a change in the registered office address, writing of the change.		Printed or typed	~