5/25/22 5 39 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC REGISTERED AGENT CHANGE NITRAM TRADE LLC

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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	me of the limited liability company:NITRAM T	RADE L	LC				
2	(a)		(1	b)				
٥.	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7925 NW 12TH STREET				
		7925 NW 12TH STREET						
		SUITE 109 DORAL,FL 33126		SUITE 1	126			
		1/28/2021		L2100005	2394			<u></u>
3.		Date of filing/registration in Florida REGISTERED AGENTS INC.	4.	1	Document numb	er		
5.	(a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State	:			
		7901 4TH STREET N						
		Registered Office Address MUST BE FLORIDA STREE	•					
		SUITE 300						
		ST. PETERSBURG , I	_L 3370	2				
	(b)	LEGALINC CORPORATE SERVICES IN	C			: ::	207	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				2022 HAY		
		5237 SUMMERLIN COMMONS BLVD. S	UITE 40	TE 400 FIL				APPROVED AND FILED
		NEW Registered Office Address:	-				A	1409/L
			<u></u>	- 	· - <u>:</u>		9: (_
		FORT MYERS , I	FL_3390)7		90		
ch ag w th	ange ent v as/w e arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members calls of organization or the operating agreement of the	ne register liability c s of the lir	ed office and ompany, it is nited liability liability com	I the business of hereby confirm or as pany.	fice o cd tha other	f the re it the c wise p	egistered :hangc(s)
Michelangelo Calapano Signature of a member or authorized representative of a member				Michelangelo Catapano Printed or typed name of signee				
I pr th to no	here ovisi e obl mer otifie	by accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. Lie of Registered Agent	gree to ac te perform led for in I hereby c	t in this capa iance of my d Chapter 605, confirm that t	icity I further a	07PP 1	o com	ply with the h and accept s being filed has been