L2/000095011

(Requestor's Name)					
(/	Address)				
(/	Address)				
	City/State/Zip/Phone #)				
(1	City/State/Zip/Priorie #)				
PICK-UP	WAIT MAIL				
_					
(E	Business Entity Name)				
	•				
1)	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to F	iling Officer:				
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Office Use Only



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MESET 10 PM 3: 24

09/10/24

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 629732 8389478							
AUTHORIZATION : COST LIMIT : \$ 25.0							
COST LIMIT : \$ 25.0							
ORDER DATE : September 9, 2024							
ORDER TIME : 2:05 PM							
ORDER NO. : 629732-007							
CUSTOMER NO: 8389478							
CHANGE OF AGENT							
NAME: NEW RIVER DIRECT, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Shauna Godbolt EXT#							

EXAMINER:

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: NEW RIVER D	IRECT, L	LC	.		
2. (a)		ſ	b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		~, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1910 Park Meadows Dr Suite 200		1910 Par	rk Meadows Dr Suite 200		
	Fort Myers, FL 33907	<u> </u>	Fort Mye	rs, FL 33907		
	12/21/2000		L2100009	95011		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records of KULPINSKY, MICHAEL J	f the Florid	a Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1910 Park Meadows Dr Suite 200			1974 1974		
	Fort Myers, FI	33907				
				THRY OF		
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
				AM 9: 05 OF STATE SEE, FL		
	Corporation Service Company			E 25		
	NEW Registered Office Address:					
	1201 Hays Street			_		
	Tallahassee . Fi	32301				
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the register ability co of the lin	ed office an empany, it i nited liabilit liability con	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.		
	/ Michael Peterman	Mic	hael Petern	man, Member		
I here provis the ob to mer	ature of a member or authorized representative of a member why accept the appointment as registered agent and aguitions of all statutes relative to the proper and complete ligations of my position as registered agent as provide yelv reflect a change in the registered office address. I addin writing of this change. GRACE E. K	perform d for in (hereby co	ance of my Chapter 603 Onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been E PRESIDENT		
Signati	are of Registered Agent	, ,				

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00 629732