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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE **NEODGE 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. N	ame of the limited liability company: NEOD	GE LLC	
2. (a)		(b)	
	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4709 Distribution Ct, Ste 2	470	9 Distribution Ct, Ste 2
	Orlando FL 32822-4938	Orlar	ndo FL 32822-4938
	6/03/2021	L2100	00259072
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, JEFFREY YU		
(	Registered Agent and Registered Office shown on the reco	rds of the Florida Dept. of	í State:
	4709 DISTRIBUTION COURT		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	Orlando	, FL 32822	2022 MAR
(b)	Northwest Registered Age	nt LLC	## AR 30
. ,	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	m#C
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL_33702	
Sign  I her provi. the obto me	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the member of organization or accoperating agreement of a member at a member of a member as a member of a member as a member of all statutes relative to the proper and complications of my position as registered agent as privally reflect a change in the registered office address in verting of this change.	ess of the registered conted liability company bers of the limited liability of the limited liability Morgan  Morgan  and agree to act in this applete performance of the posited for in Chanter	nince and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.  Noble  Printed or typed name of signee is capacity. I further agree to comply with the faw duties, and I am familiar with and accept to 605. F.S. Or, if this document is being filed

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

Tom Glover - Assistant Secretary

Signature of Registered Agent

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