Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	r~>
	Fax Number : (850)617-6383	
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From:	Account Name : CAPITOL CORPORATE SERVICES, INC.	
	Account Number : I20150000048	-
	Phone : (800)345-4647	
	Fax Number : (800)432-3622	
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*Enter ti	the email address for this business entity to be used for ual report mailings. Enter only one email address please.	
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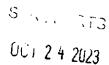
LLC REGISTERED AGENT CHANGE M&G NSG, LLC

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Corporate Filing Menu

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(((H23000369213 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the following statement in order Florida		s the following statement in order t	0114 or 605.0116, Florida Statutes, the undersigned limited liability company to change its registered office or registered agent, or both, in the State of M&G NSG, LLC						
1.	Na	Varue of the Limited Liability Company:							
2.	(a)	1400 E. NEWPORT CENTER DRIVE, STE. 10			02 (b) 820 EAST GATE DRIVE, STE. 101				
(Principal office endress of limited li- (Note: MUST BE STRUKT A	shility company:	_		Mailing address of limited liability company: (Note: MAX RE POST OPPICE ROX)			
		DEERFIELD BEACH, FL 334	42	 	MOUNT LAUREL, NJ 08054				
		6/23/2021			L21000)292702			
3.		Date of filing/registration in	ı Florida	4.		Document number			
5.	(a)	C T CORPORATION SYSTE	М						
	ν-,	·	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 SOUTH PINE ISLAND	1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MISTRE F	LORIDA STREET A	DDRE	223	• •			
						_			
		PLANTATION	ET.	333	24				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	-			
	(ъ)	Capitol Corporate Services, I	nc.			_			
		Finter name of NRW Registered Assett and	or <u>NEW Reststand (</u>	Xflor.	<u>सर्वतत्त्र</u> ः				
						·			
		515 East Park Avenue 2nd F	<u> </u>			-			
		11419 Registated Ottoe Assistan.							
			···	****		-			
		Tallahassee	, FL_	323	01	_			
the age	cha nt v	inge or changes are made, the Florida will be identical. Or, in the case of a	street address of the street address of the second and the second at the	hore bility thol	gistered offic company, it i imited liabili	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.			
Hatt	TW M	esmer (Oct 19, 2023 13:40 EDT)		M	atthew Mesi	mer, Authorized Signatory			
		ture of a member or authorized representative				Printed or typed name of signes			
I h pro the to i not	ere vişi obi neri (fle	by accept the appointment as register ions of all statules relative to the prov ligations of my position as registered ely reflect a change in the registered d in writing of this change.	red agent and agre per und complete i agent as provided office address, I h	e to d erfor for in ereny	nct in this cap mance of my in Chapter 60, oonfirm that	sacity. I further agree to camply with the duffes, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
3	سنهر	- Tarelaki	Brian R	Redecki, Assistant Secretary on					
5ផ្ន	natu	re of Registered Agent	behalf o	of Ca	pitol Corpo	orate Services, Inc.			
		Division of Corp	orationse P.O. B FILING FE			ssee, FL 32314			

DHS18 (2/14)