To:



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(((H22000182797 3)))



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Division of Corporations

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Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

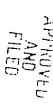
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## LLC REGISTERED AGENT CHANGE 526 SE 20TH AVENUE, LLC

Certificate of Status	
Certified Copy	0
Page Count	02
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To:

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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	ame of the limited liability company:	NUE,	LLC				
2 (2)	5122 SE Lisbon Circle	(b)		P.O. Box 1260			
2. (a)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		( - ) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Stuart, FL 34997	Havertown, PA 190	)83				
	July 9, 2021	L21000316222					
3.	Date of filing/registration in Florida	4.		Document number			
	Fowler White Burnett, P.A., Attn: Richard A. Wood						
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of S	tate:			
	1395 Briokell Avenue, 14th Floor						
	Registered Office Address (MUST BE FLORIDA STREET A	-					
	Miami , FL	33131		<del></del>		202,	
(Ъ)	Connor Woodward					2022 HAY 2	<u>i</u> r
ν-7	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:			23	EAST
	5122 SE Lisbon Circle					A	.ED Y
	NEW Registered Office Address:				=1 2 -	8: 27	C
	Stuart, FL	34997					
chang agent	limited liability company is not organized under the large 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 of ticles of organization or the operating agreement of the	ability of the l	company, limited liab	it is hereby confirme ility company or as company.	d that the	e chana	e(s)
Sign	sature of a member or authorized representative of a member	_		Printed or typod nar			
l her provi the or	reby accept the appointment as registered agent and aging sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper a change in the registered office address. I seed in variting of this change.	ree to i perfoi ed for i hereby	act in this connance of the Chapter is confirm the	capacity. I further as my duties, and I am f 605, F.S. Or, if this hat the limited liabili	rree to co amiliar v documen ty compa	omply with and t is beli my has	vith the l accept ng filed been
Siona	ture of Registered Agent			•			
5,5,5	······································						•