L21000375492

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness chity hame)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Office Use Only						

.



11/01/28--01081--012 **.45.20

٠



TO: Registration Section Division of Corporations

NATIONWIDE INTERIOR LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AARON THALWITZER

Name of Person

GORDON & THALWITZER

Firm/Company

299 N ORLANDO AVE

Address

COCOA BEACH FL 32931

City/State and Zip Code

SARAH@NATIONWIDECONSTRUCTIONVENTURES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

_____ at (_____) ___

Area Code & Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

i Na	me of the limited liability company:	NTERI	OR LLC			
	608 HOITNER AVE		(b) 608 HOFFNER AVE			
_ (4)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO		
	ORLANDO, FL 32809		ORLAI	NDO, FL 32809		
	8/23/2021		 L210003	75492		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)	AARON THALWITZER, ESQ.					
(a)	Registered Agent and Registered Office shown on the records of 299 N ORLANDO AVE	the Flori	da Dept. of :	State:	-7 21	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	_	TALLED TAL	77
	COCOA BEACH FI	32931			···· -	r.
(b)		105	7		PH 12:	وست وست لا: دنه
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	a Onice :	<u>aaaress</u> :		20	
	1200 SOUTH PINE ISLAND ROAD					
	NEW Registered Office Address:					
	PLANTATION, FI	.33324				
change agent v was/w	limited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registe lability of the l	cred office company, imited liab	and the business office it is hereby confirmed bility company or as of	ce of the regist that the chang	ered te(s)
	Chan D	J	NATHAN	DOROSH		
Sima	fire of a member or authorized representative of a member			Printed or typed nam	e of signee	
provisi the obl to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to a perfor d for h hereby	ect in this c mance of i Chapter confirm th	capacity, 1 further agi my duties, and 1 am fa 605, F.S. Or, if this d hat the limited liability	ee to comply v miliar with and ocument is bei, ' company has	vith the Laccept ng filed Séen

Signature of Registered Agent

. 🍝

.

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