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(((H22000288355 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

30

:J

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

 $\overset{\circ}{\hookrightarrow}$  \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE **NBJX LLC**

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AUG 26 2022

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(((H22000288355 3)))

	•	COVER L	ETTER
	stration Section ion of Corporations		•
SUBJECT:	NBJX LLC		
	N	ame of Limited L	iability Company
Dear Sir or M	adam:		
The enclosed	Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the	following:
LOVETTE DO	DBSON		
	Name of Person		<del></del>
INCFILE.COM	1 LLC		
	Firm/Company		<del></del>
17350 STATE	HWY 249 #220		
<del></del>	Address		— <u></u>
HOUSTON, T	EXAS 77064		
	City/State and Zip Code		<del>_</del>
EFILE1234@I	NCFILE.COM		
E-mail a	ddress: (to be used for future a	nual report notifi	cation)
For further in:	formation concerning this matte	r, please call:	
LOVETTE DO	DBSON	888	462-3453
	Name of Person	at (	Area Code & Daytime Telephone Number
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303
Enclo	sed is a check for the followin	g amount:	
<b>a</b> \$2:	5 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)			(((H22000288355 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000288355 3)))

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.	Name of the limited liability company: NBJX LLC	···				· · · · · · · · · · · · · · · · · · ·	
2. (a			<b>(b)</b>				
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> -	(0)	Mailing address o	f limited lia	bility c	отралу:
	11925 NE 2ND AVE		11925 NE	E 2ND AVE			
	NORTH MIAMI, FL 33161		NORTH	MIAMI, FL 3316	51		
	08/30/2021		L21000385	5696			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a	)						
\-	Registered Agent and Registered Office shown on the records o	of the Flori	da Dept. of Sta	ite:			
	LEGALINC CORPORATE SERVICES INC.			t			•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>22)</u>	_			
	5237 SUMMERLIN COMMONS SUITE 400						
	FORT MYERS	L_33907		_			
				<del></del>	三路	2022	
(b)				_		.022,AUG	E
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		<b>*</b>	2	्रम <sup>ू</sup> है
	Juan Fernandez					25 PM	LEO VNOV
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	_	<u> </u>		
	11925 Ne 2nd Ave 306b			_		կ։ 03	
	North Miami , F	L					
agent was/withc and bigns of the object of t	ature of a member or authorized representative of a member observed accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address to the registered office address.	e registeriability cof the line limited	red office an ompany, it i nited liabilit liability con n Fernandez	of the business of shereby confirming company or a npany.  Printed or typed	office of the timed that the southerwise otherwise mame of sign	he reg he cha se pro	istered inge(s) vided in
Totifie	4° 3° 1°	-2 -	<b>y</b>				
Signat	ire of Registered Agent						