L21000H1635

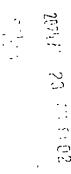
(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/2)p/F/Ione #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(2.2						
(Document Number)						
Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300435261333

08/23/24--01028--014 **60.00



COVER LETTER

_	gistration Section vision of Corporations						
SUBJECT:	NATIONAL SHIPPING SOLUTIONS LLC						
Sobarci.		lame of Limited Li	ability Company				
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.				
Please retur	n all correspondence concerning	this matter to the f	following:				
Sandra Z. Gi	reen, Esq.						
	Name of Person		_				
JONATHAN	N H. GREEN & ASSOCIATES, P.A		·				
	Firm/Company						
901 Ponce d	e Leon Boulevard, Suite 601		•				
	Address		_				
Coral Gables	s, Florida 33134						
-	City/State and Zip Code	:					
E-mai	l address: (to be used for future a	nnual report notifi	cation)				
For further i	information concerning this matt	er, please call:					
Sandra Z. Gr	reen	305 at (372-5100				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the followi	ng amount:					
■ \$25 Filing Fee		□ \$5	\$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.

1. N	ame of the limited liability company: NATIONAL SH	IPPING	SO	LUTIONS	LLC		
2. (a)	31 Rivers Edge Drive	• • •					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	Colts Neck, New Jersey 07722		-	Colts Neck	, New Jersey 07722		
	09/16/2021		L21000411535				
3.5. (a)	Date of filing/registration in Florida VERSACIO, JOSEPH	4.			Document number		
`,	Registered Agent and Registered Office shown on the records of 1850 S OCEAN DRIVE						
	Registered Office Address (MUST BE FLORIDA STREET) APT 3002	ADDRE.	<u>SS)</u>		20% E - 23 149		
	HALLENDALE BEACH	L_33009					
	JONATHAN II. GREEN & ASSOCIATES, P.A.						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	901 Ponce de Leon Boulevard						
	NEW Registered Office Address: Suite 601						
	Coral Gables, F	L_33134					
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by authorized of the operating agreement of the	e registe iability of of the li c limited	red com mite Hia	office and pany, it is ed liability bility com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob to\mer	by accept the appointment as registered agent and agions 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 whiting of this change.	' <i>pertorn</i>	ncm	ce ot my d	luties, and I am familiar with and accept.		
Signan	are di Registered Agent	_					

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