

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I201200000083
Phone : (305)593-0829
Fax Number : (305)593-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: annualrenewals@taxnelson.com

**LLC REGISTERED AGENT CHANGE
NOVACOMEX INTERNATIONAL LLC**

Certificate of Status	0
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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. Name of the limited liability company: NOVACOMEX INTERNATIONAL LLC
2. (a) 1940 NW 82 AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
DORAL, FL 33126
- (b) 1940 NW 82 AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
DORAL, FL 33126
3. 02/07/2022
Date of filing/registration in Florida
4. 1.22000063579
Document number
5. (a) VILLEGAS, LAURA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
1940 NW 82 AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
DORAL, FL 33126
- (b) NELSON & ASSOCIATES CPA PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1985 NW 88TH COURT
NEW Registered Office Address:
SUITE 202
DORAL, FL 33172

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Laura Villegas
Signature of a member or authorized representative of a member

LAURA VILLEGAS 03/03/2022
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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TALLAHASSEE, FL 32314
STATE OF FLORIDA