Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000221952 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

2

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

200 Email Address: EFILE 1234@INCFILE,COM

## LLC REGISTERED AGENT CHANGE NW DBA L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

H인EMIEUX

JUN 2 3 2023

(((H23000221952 3)))

## **COVER LETTER**

TO: Registration Section Division of Corporations	
NW DBA L.L.C. SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
LOVETTE DOBSON	
Name of Person	<del></del>
Firm/Company	<del></del>
17350 STATE HWY 249 #220	
Address	
HOUSTON TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	N:
LOVETTE DOBSON	8884623453
Name of Person	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:	
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000221952 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.

Na	me of the limited liability company: NW DBA L.I			*=***================================			
a }	3191 ADAIR OAK DR		(b) 5191 ADAIR OAK DR				
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	liability co	ility compan <u>y:</u> FICE BON		
	ORLANDO, FL 32829		ORL	ORLANDO, FL 32829			
	05/25/2022		1,22000	0243144			
	Date of filing/registration in Florida	4		Document n	umber		
a)	REPUBLIC REGISTERED AGENT LEC						
(3)	Registered Agent and Registered Office shown on the record						
	1150 Nw 72nd Ave Tower 1 Ste 455						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SS)</u>				
	Miami	, FL 33126		<del></del>	• • •	. ~ ~?	2
		, 11	····	<del></del>		823 See	Ś
1}	Noah Washiek					,	:
	Unter name of NEW Registered Agent and/or NEW Registered Office address.			<del></del>		ارم ارم	; =
					••		Ċ.
	5191 Adair Oak Drive			<del></del>	<u> </u>	· .	
	NEW Registered Office Address					·	
					. •		
	Orlando	32829					
		. Fl	<del></del>				
ge Ev Wi rli	inited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberless of organization or the operating agreement of work with the control of the memberless of organization or the operating agreement of	the regist d liability rs of the l the limite	red offic company imited lia	te and the busines to it is hereby confibility company of company.	s office o firmed tha	f the reg it the cha	istered inge(s)
11,11	are of a member or authorized representative of a member	•		Printed or Lyp	ed name of	signed	
rel 1816 161. ere	by accept the appointment as registered agent and completes of all statutes relative to the proper and completed igations of my position as registered agent as provide reflect a change in the registered office address of the change.	agree to c lete perfor ided for it . Thereby	et in this mance of a Chapter confirm	capacity, I furth "my duties, and I · 605, F.S. Or, if that the limited li	er agrec i am famili this docu ability coi	o compl ar with o ment is h mpany h	v with i md acc leing fi as beer