L22000259639

(Re	questor's Name)						
(Address)							
(Ad	dress)	<u> </u>					
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
Settified Copies	Certificates	of Status					
Special Instructions to Filing Officer							
	Office Use On	İv					



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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	NU WORLD TITLE LIFESTYLE	LLC	
3017		ume of Limited Lia	ibility Company
Dear S	Sir or Madam:		
The cr	nclosed Registered Agent/Registered O	ffice Change and f	ce(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the fo	ollowing:
MOIS	ES CARDOSO		
	Name of Person		_
FILEJ	ET INC.		
	Firm/Company		_
10440	PIONEER BLVD., SUITE 8		
	Address		_
SANT	A FE SPRINGS, CA 90670		
	City/State and Zip Code		_
REGIS	STEREDAGENT@FILEJET.COM		
	E-mail address: (to be used for future a	nnual report notific	cation)
For fu	rther information concerning this matte	er, please call:	
MOIS	ES CARDOSO	949 at (259-5955
	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	ng amount:	
	■ \$25 Filing Fee	□ \$5	5 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.	No	ame of the limited liability company: NU WORLD TH	Lis Life			D. L. A. M. S. M. C. M.	
2.	(a)	Principal office address of limited liability company: (b) 300 PE			NHORN AVENUE Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST OFFICE BOX)	
		SECAUCUS, NJ 07094	_		SECAUCUS	, NJ 07094	
		06/07/2022	_	I.	.22000259639)	
3.		Date of filing/registration in Florida	4.		D	ocument number	
5.	(a)	HERNANDEZ, RODOLFO					
	` ′	Registered Agent and Registered Office shown on the records of	the Flori	da I	Dept. of State:		
		8300 NW 53 STREET					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 400					
		DORAL .FI	33166			2022	
	(b)	FILEJET INC.				2022 NOV 15	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	rdd	ress:		
		625 E. TWIGGS STREET				AH 10: 32	
		NEW Registered Office Address:				71. & &	
		SUITE 110				.11	
		TAMPA, FI	33602				
ch ag wa	ange ent v as/w	imited 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 an affirmative vote of the members it icles of organization or the operating agreement of the	registe ability of of the li limited	rec con mit Hia	I office and to opany, it is hotel ted liability compa obility compa	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_	<u>کی</u> دروز:	ture of a member or authorized representative of a member	<u> </u>	JEN	K GREGOR	Printed or typed name of signee	
I pr the to	here ovisi e obi 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 writing of this change.	ree to a perfori d for in hereby	ct i nai Cl cor	n this capac	ity. I further agree to comply with the	

Signature of Registered Agent