L22000369382

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COVERLETTER

Nowaithation, LLC		
SUBJECT:	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to th	e following:
Mark Worster		
Name of Person	- .,,.	
Nowaitnation, LLC		
Firm/Company		
1317 Edgewater Dr. #6648		
Address		
Orlando, FL 32804		
City/State and Zip C	ode	
mark@nowaitnation.com		
E-mail address: (to be used for futur	re annual report not	ification)
For further information concerning this m	natter, please call:	
Mark Worster	781 at (858-1421
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 follo	owing amount:	•
		\$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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

a)	7401 SE Concord Place		(h) 1317 Edgewater Dr				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
	Bidg 7	_	#6548				
	Hobe Sound, FL 33455	-	Orlando,	FL 32804			
	08/22/2022		L22000369	9582			
(2)	Date of filing/registration in Florida Mark G. Worster	4.		Document number		-	
	Registered Agent and Registered Office shown on the records of the 7401 SE Concord Place	: Ftorid:	a Dept of Stat	e:			
	Registered Office Address IMUST BE FLORIDA STREET ALL Bldg 7	DRES	<u> </u>	_	ığı.	2024 MAY 21	
	Hobe Sound El 3	3455			LAHASSEI	M	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		idress:	_	Y OF STATE SEE, FLORID,	PM 12: 05	; (
	NEW Registered Office Address)				⊅'''	Oi	
	#6648			-			
	Orlando, FL ³	2804		_			
nge nt w	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization as the operating agreement of the liab	gister ility co the lin mited!	ed office an impany, it i iited liabilii	id the business office is hereby confirmed the company or as other inpany.	of the reg	gistered ange(s)	
	and of a member or authorized representative of a member			Printed or typed name of	-		
VISI	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided) By reflect a change in the registered office address, I he	oforni Krin (unce of my Thanter 60	auties, and Lam Jami 5 ES Or it this doc	ttar with ument is	and acc being fil	ep led

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

INHS18 (2/14)