Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

mail	Address:			

LLC REGISTERED AGENT CHANGE NUEVO CAMINO INVESTMENTS LLC

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KPR 25 2023 K. Brumbisy

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.

ì.	Ni	one of the limited liability company: NUEVO C.	AMINO INVESTI	MENTS LLC
2.	(a)		(b)	
		Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		08/24/2022	L2200	00372649
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	MRA ADMIN LLC		
	• •	Registered Agent and Registered Office shown on the records	State:	
		1200 BRICKELL AVE.		
		Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	
		1220		
		MIAMI .	FL 33131	20;
	(b)	Northwest Registered Agent LLC	.33 M	
(13)		Enter name of NEW Registered Agent and/or NEW Register	2023 APR 24	
		7901 4th St N		
		NEW Registered Office Address:	48	
		STE 300		2
		St. Petersburg	_{FL} 33702	
the ag wa	echa ent v is/we	imited liability company is not organized under the age or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of th	of the registered of Hiability company, rs of the limited liab he limited liability	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
4	<u>]/</u> Signar	tute of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I I pro the to	herel ovisi 2 obl mere	by accept the appointment as registered agent and tools of all statutes relative to the proper and completions of my position as registered agent as proved reflect a change in the registered office address I in writing of this change.	agrec to act in this e etc performance of ided for in Chapter . I hereby confirm th	capacity. I further garee to comply with the

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent