

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.

(((H220004148813)))



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7.				
To:	Division of Corporations			7 <u>1</u> 2
	Fax Number : (850)617-6383			SS C
From:				رن ات
	Account Name : LEGALZOOM.COM	INC.		근된
	Account Number : 120010000062			ना
	Phone : (323)962-8600 Fax Number : (323)389-0502			
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Electronic Filing Menu

Corporate Filing Menu

Help

To:

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:		
	Name of	Linuted L	arbility Company
Dear S	Sir or Madam:		
The ei	nclosed Registered Agent/Registered Office C	Thange and	I fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the	following:
Chey	yenne Moseley		
	Name of Person		<del></del>
Lega	ilzoom.com. Inc.		
	Firm Company		
101	N. Brand Blvd., 11th Floor		
	Address		
Glen	dale, CA 91203		
	City/State and Zip Code		· <del></del>
_	uts@gmail.com		
	E-mail address: (10 be used for future annual)	eport noti	fication)
For tu	rther information concerning this matter, plea	ise call:	
Chey	venne Moseley	800	773-0888 ext 9724
	Name of Person	·	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		AILING ADDRESS:
	Registration Section Division of Corporations		gistration Section vision of Corporations
	Clifton Building		O. Box 6327
	2661 Executive Center Circle	Ta	dlahassee, Florida 32314
	Tallahassee, Florida 32301		
	Enclosed is a check for the following am-	vunt:	
	□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

To:				Page: 4 of -	
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2022-12-09 08,11 51 PST

LegalZoom.com, Inc.

From: Sarah Acev-

## 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. N	ame of the limited liability company: NSJC LLC	*****	4) 6 y			<del></del>	······································	
2. (a)	488 NE 18th St. #5002	(b) 488 NE 18th St. #5002						
(0)	Principal office address of limited liability company (Note: MUST RE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO				
	Miami, FL 33132		Miami, F	FL 33132	·····			
	09/21/2022	- <b>-</b>	L220004	13059		<del></del>		
3.	Date of filing/registration in Florida	4.	**********	Document numbe				
5. (a	United States Corporation Agents, Inc.							
	Registered Agent and Registered Office shown on the records of t	he Floric	a Dept of State	e. -	65	20		
	5575 S Semoran Blvd., Suite 36			_	Z!_;	2022 DE		
	Registered Office Address (MIIST BE FLORIDA STREET A		DEC -O					
(b)	Orlando , Fl.,	32822	>	_	SEG E			
	Jonathan Chaluts				SEE	2:  :		
	Enter name of NEW Registered Agent and/or NEW Registered	Office to	ldress:	-	المسا	œ		
	488 NE 18th St. #5002							
	NEW Registered Office Address:			•				
	Miami ,FL	33132	)					
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg bility of f the lir	istered office ompany, it is nited Hability	and the business of s hereby confirmed y company or as of	office of that the	of the r re char	ogistered ige(\$1	
	<u>L</u>	Jo	nathan Ch					
_	ature of a member or authorized representative of a member			Printed or typed name	_			
provis the oh to mer	rby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided why reflect a change in the registered office address. I had in writing of this change.	nerforn	rance of my a	duties, ànd Lam fa	miliar	with in	id accept	
Signati	ure of Registered Agent							