Division of Corporations



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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 : (813)436-5206

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

Email Address:___

LLC REGISTERED AGENT CHANGE NP ADVANCED SOLUTIONS LLC

Certificate of Status	0
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Page Count	02
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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.

1. N	ame of the limited liability company: NP ADVANCED	SOLUTIONS	LLC
2. (a)		(b)	
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	01/01/23		2000517042
3.	Date of filing/registration in Florida	4.	Document number
5. (a	PREDEY, NICK		
	Registered Agent and Registered Office shown on the records of 3228 COTUIT LN	f the Florida De	pt, of State
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	_ · _
(b)	NAPLES	L_ ³⁴¹¹⁴	APPROPERTION AND FILE
	Northwest Registered Agent LLC		
	7901 4th St N		7
	NEW Registered Office Address STE 300		
	St. Petersburg, Fi	22702	-
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	I the register lability comp of the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Aring Served re	Nat Smit	ih
•	iture of a member of authorized representative of a member		Printed or typed name of signee
provis the ob to 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 din spring of this change.	ree to act in performance ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
<u>/</u>	Taylor Newman - Assistant S	Secretary	
Signati	ire of Registered Agent		