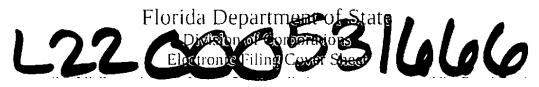
Division of Corporations

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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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

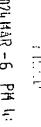
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE NSLUXURY, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00



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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

(a)		(b)	
(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  **Choic: MAY BE POST OFFICE BOX)**
	12/20/22	L2200	00531666
	Date of filing/registration in Florida	4.	Document number
(a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE.  Registered Office Address (MUST BE FLORIDA STREET)  STE 2300-N	· -	VI. ME
	ORLANDO E	32801	
<b>(</b> p)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered Office address:		2024 MAR - 6
	7901 4th St N		• •
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg . F.	33702 I	
e cha ent v as/we e arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the florida member of authorized representative of a member.	I the registered lability compar of the limited I	I office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
			Printed or typed name of signee

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

- Assistant Secretary

**David Roberts** 

Signature of Registered Agent