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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

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Email Address:		

## LLC REGISTERED AGENT CHANGE NATIONAL VIRTUAL ADJUSTERS, LLC.

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1/2/2025 09:09:18 PST • To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

L. Na	ame of the limited liability company: <u>NATIONA</u>	<u>AL VIRTUAL AD.</u>	JUSTERS, LLC.				
2. (a)	3370 NE 190 street (b) 1117 S 21 AVE						
	Principal office address of limited hability comp (Note: MUST BE STREET ADDRESS)		Mailing add	dress of limited liability company: MAY BE POST OFFICE BOX			
	Aventura FL 33180 US	<del> </del>	Hollywood FL 33020	US			
	<del></del>						
3.	_02/06/2023 Date of filing/registration in Florida	4,	<u>L23000065705</u> Docume	ent number			
5. (a)	COHEN, GUY						
(4)	Registered Agent and Registered Office shown on the re-						
	1117 S 21ST AVENUE	race to anomic	<del></del>				
	Registered Office Address - IMUST BE FLORIDA S	<u> PREET ADDIRES</u>	<u>স</u>				
	8						
	HOLLYWOOD	FL_33020					
ds)	Northwest Registered Agent LLC						
117	Enter name of NEW Registered Agent and/or NEW Re	gistered Office ac	ddress:				
				• •			
	7901 4th St N		<del></del> <del></del>				
	NEW Registered Office Address:						
	STE 300			l ,			
				:			
	St. Petersburg	FL_33702		• •			
the cha agent v was/we	imited liability company is not organized under inge or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the mer icles of organization or the operating agreement	lress of the reg nited liability c mbers of the lir	istered office and the ompany, it is hereby nited liability compar	business office of the registered confirmed that the change(s)			
	ture of a member or anthorized representative of a membe	<u>N</u> at	Smith	r typed name of signee			
HOINTE	hy accept the appointment as registered agent e fons of all statutes relative to the proper and co ligations of my position as registered agent as p ely reflect a change in the registered office add d in writing of this change.	ind agree to ac mplete perforn provided for in ress, I hereby c	et in this capacity. 14 vance of my duties, ar Chapter 605, F.S. Over confirm that the limite	iurther agree to comply with the id I am familiar with and accept r, if this document is being filed ed liability company has been			
-   Von	14,101111111111111111111111111111111111	istant Secretary					
Signatu	re of Registered Agent						