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COVER LETTER

TO: **Registration Section** Division of Corporations

WAHH L SUBJECT: mited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMINA P CHATHA NAHH LLC Firm/Company 4348 DUCK DOWN LN Address WINTER HAVEN, FL 33884 Chathaamina @ ymail - com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMINA P CHATHA __at (716) 430 - 2836 Name of Person Area Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\\$\$25 Filing Fee

S55 Filing Fee & Certified Copy

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. Name of the limited liability comp.	any: NAH	1-1	LLC			
2. (a) <u>4348 Duck Dou</u> Principal office address of limi (<u>Note: MUST BE STRE</u> Winter Hoven	ted liability company: <u>EET ADDRESS</u>)	(b)	Mailing	address of limite : <u>MAY BE POS</u>	Down L Ed liability company (TOFFICE BOX) FL 33	-
2117 (2023						
3. Date of filing/registrati		4.		0 008 ⁻ nent number	116.5	
5. (a) Sinkunas and Registered Agent and Registered Office	d Cowpon-f	- In c Florida D	ept. of State:			
	itville R					
Registered Office Address <u>(MUST</u> Suite F	<u>be florida street ad</u> 2	DRESS)				
Sarasot	-a, FL	34	237		<u>~</u>	
(b) <u>Amina</u> Pr	Chatha				Ç U čč.42	
Enter name of NEW Registered Agen	t and/or <u>NEW Registered O</u> t	ffice addre	<u>\$\$</u> :		τ ρ (-)	
4348 Du	k Down	Ln				
NEW Registered Office Address:					9:27	
Winter He	aven	<u>33</u> 9	<u>884</u>			
If the limited liability company is not or change or changes are made, the Floridz agent will be identical. Or, in the case of	i street address of the re-	gistered a	office and the bi	isiness office	of the registere	d

۵ 2 was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

a'). 05

Signature of a member of authorized representative of a member

92 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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