

H24000251232 3

COVER LETTER

TO: **Registration Section Division of Corporations**

NO MOE SNO, LLC SUBJECT:

Name of Limited 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:

Jessica Wittry

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy, Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Jessica Wittry | 888 705-7274 | | |
|------------------------------|--------------------------------------|--|--|
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | | |

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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 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: NO MOE | E SNC |), LLC | | | |
|----------|---|-----------------------|---|---------------------------|--|----------------|
| 2. (a) | | | | BOX 8173 | | |
| | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) EVANSTON, IL 60204 | | Mailing address of limited hability company: (<u>Note: MAY BE POST OFFICE BOX</u>) EVANSTON, IL 60204 | | | |
| | | | | | | |
| , | 05/25/2023 | | L230 | 00257588 | | |
| 3. | Date of filing/registration in Florida | | INC | Document number | | |
| 5. (a) | REGISTERED AGENT SOLUTI | | | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 155 OFFICE PLAZA DRIVE, SUITE A | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 2024 JUL 25 JACRETARY LA CAMASSI | <u>```</u> { : |
| | TALLAHASSEE | . _{FL} 32301 | | | | |
| (b) | Registered Agent Solutions, Inc. | | | | OF ST | E D |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | | 1:32 STATE LORID/ | |
| | 2894 Remington Green Ln. | | | | | |
| | NEW Registered Office Address: | | | | | |
| | Ste. A | | | | | |
| | Tallahassee | FL_3230 |)8 | | | |
| ff the F | imited liability company is not organized under the | laws of th | ne State of | Florida, it is hereby con | firmed that after | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered nited hability company agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

/s/ Jackyn Wright

Signature of a member or authorized representative of a member

Jaclyn Wright

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 of the registered office address, I hereby confirm that the limited liability company has been writing of the change.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent

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