L23000 309 320

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Åddress) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

| TO: Registration Section Division of Corporations | | • | |
|--|-------------------|---|-------------|
| SUBJECT: COMPRSA PARTNERS | | | |
| Nar | me of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | fice Change an | d fee(s) are submitted for filing | |
| Please return all correspondence concerning th | nis matter to the | e following: | |
| Warren Gouws | | | |
| Name of Person | | | 2021 |
| COMPRSA PARTNERS | | | 新疆· |
| Firm/Company | <u> </u> | | · · · · · |
| 276 Odoms Mill Blvd | | | · · _ |
| Address | | | 111 |
| Florida, 32082 | | | |
| City/State and Zip Code | <u> </u> | | |
| warrengouws@gmail.com | | | |
| E-mail address: (to be used for future ann | nual report noti | fication) | |
| For further information concerning this matter, | , please call: | | |
| Warren Gouws | at (201 | 、4861646 | |
| Name of Person | at (| Area Code & Daytime Telep | hone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Re Di P. | AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | |
| Enclosed is a check for the following | amount: | | |
| | □ \$ | 55 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. Na | ame of the limited liability company: | NEK\$ | | |
|-----------------------------------|---|--|---|---|
| 2. (a) | 100 Fairway Park Blvd, Unit 509 | (b |) 100 Fairw | ay Park Blvd, Unit 509 |
| <u>-</u> . () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Ponte Vedra Beach | _ | Ponte Ved | Ira Beach |
| | Florida, 32082 | _ | Florida, 32 | 2082 |
| | June 28, 2023 | | L23000309 | 320 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | INC AUTHORITY RA | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of Stat | e: |
| | 390 NORTH ORANGE AVE | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | _ |
| | STE 2300-N | _ | | . 20 |
| | ORLANDO, FL_ | 32801 | | |
| (b) | Registered Agents Inc | | | 2021 JUL 23 |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered (| Office ad | dress: | |
| | 7901 4th St N | | | |
| | NEW Registered Office Address: | | | |
| | STE 300 | | | _ |
| | St. Petersburg , FL | 33702 | | |
| the cha agent was/w the art | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or. in the case of a Florida limited lia ere authorized by an affirmative vote of the members of idles of organization or the operating agreement of the l | the regineral the state of the limited of the limited of the limited of the state o | stered offic ompany, it i lited liabilit liability cor | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany. Out of type plane of signee |
| provisi the ob- to mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. I h don's | perform l for in G ereby c | in this cap ance of my Chapter 60. onfirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| $\overline{}$ | David Roberts - Assistant Se | cretary | | |