Florida Department of State Division of Corporations

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To:

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 SHOPPING SELLING, LLC

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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 Statilles, 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.

1.	Na	me of the limited liability company:	NG, LLC		
2. (a	a 3	7901 4th St N STE 300	(b) 7901 4th St N STE 300		St N STE 300
	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		St. Petersburg FL	_	St. Peterst	ourg FL
		33702		33702	
		10/02/23	I	.230004548	360
3.		Date of filing/registration in Florida	4.		Document number
5. (n.)	INC AUTHORITY RA			
-/· \	(4)	Registered Agent and Registered Office shown on the records of th			
		390 NORTH ORANGE AVE., STE 2300-N			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		ORLANDO .FL 3	32801		•
(b)		Registered Agents Inc			
		Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	
		7901 4th St N			.; c.
		NEW Registered Office Address:			· ·
		STE 300			19 19
					2
		St. Petersburg	3702		***
the cagen was/ the a	ha t w we irtic	mited liability company is not organized under the lawsing or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of thes of organization or the operating agreement of the liable.	s of the he regis pility con the limi imited li	ered office npany, it is ted liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Thei prov the o	rel. isia ibli	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided	e to act erforma for in C	in this cape nce of my e hapter 605	acity. I further agree to comply with the duties, and I am Jamiliar with and accept .F.S. Or, if this document is being filed

ly reflect a change in the registered office address. I hereby confirm that the limited liability company has béen tified in writing of this change.

Assistant Secretary

David Roberts

Signature of Registered Agent