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To:

Division of Corporations

Fax Number : (850)617-6383

From:

A A

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

Email Address:_

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LLC REGISTERED AGENT CHANGE **INVERSIONES N&M IMPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

SEP 17 2024

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Help

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.

(a)	7901 4th St N STE 300	(b) 7901 4th	Si 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 33702	_	St. Peterst	burg FL 33702		
	03/04/2024	_	L240001112	289		
	Date of filing/registration in Florida	4.		Document number		
(a)	PRODEZK INC					
(0)	Registered Agent and Registered Office shown on the records of the 848 BRICKELL AVE					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	 S)	-		
	STE 950		_			
	MIAMI , FL		2024 (SECH			
(b)	Registered Agents Inc			2024 SEP 17 SECRETARY		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ldress:	တု -		
	7901 4th St N			SES ÷ O		
	NEW Registered Office Address:			7TE 20		
	STE 300			-		
	St. Petersburg	33702				
cha nt w /we artic	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawy.	the reg bility c the lir imited	istered office ompany, it is nited liabilit	e and the business office of the register s hereby confirmed that the change(s) y company or as otherwise provided in		
gnat	ure of a member or authorized representative of a member		-	Printed or typed name of signee		
ereb visio obli nere fied	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	re to ac perforn for in creby c	t in this cape lance of my c Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and acce i, F.S. Or, if this document is being file the limited liability company has been		
τ	avid Conts David Roberts - Assistant Se	cretary				