## L24000145631

(Requestor's Name)						
(Address)						
(Addres:	s)					
(City/Sta	ate/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Docum	ent Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	J. HORNE AUG - 8 2024					

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07/30/24--01010--017 \*\*25.00

## **COVER LETTER**

то:	Registration Section Division of Corporation	ıs					
SUBJECT:  No management & consulting LLC  Name of Limited Liability Company							
3000		Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent	Registered Offic	ce Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondenc	e concerning this	s matter to th	ne following:			
OSVAI	LDO ANTONIO CASANO	IVA III					
	Name	of Person		<del></del>			
NC M/	ANAGEMENT & CONSUL	TING LLC					
	Firm/C	ompany		<del></del>			
15777	SW 44 TERR						
	Addr	ess		_ <del>_</del>			
MIAM	I. FL 33185						
	City/State	and Zip Code					
ECASA	ANOVA@TEAMWORK-0	ROUP.COM					
E	E-mail address: (to be use	d for future annu	ial report no	tification)			
For fur	ther information concerr	ning this matter,	please call:				
OSVA	LDO ANTONIO CASANO	OVA III	786	299-0976			
	Name of Perso	n	_ ar (	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check fo	r the following	amount:				
	S25 Filing Fee		0	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	me of the limited liability company: NC MANAGEMI	INT &	CONSULTIN	G LLC		
2. (	a)	14930 SW 156 TERR		(b) 14930 SW 156 TERR			
	7	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		MIAMI		MIAMI			
		FL 33187	_	FL 33187			
		3.25.24		1,24000145	631		
3.		Date of filing/registration in Florida	4.	-	Document number		
5.	(a)	NABIL CHANOUHA					
٥.	(44)	Registered Agent and Registered Office shown on the records of 14930 SW 156 TERR	te:				
		Registered Office Address (MUST BE FLORIDA STREET)	_				
		MIAMI , FL	FL 331	FL 33187			
(b)	(b)	OSVALDO ANTONIO CASANOVA III	2071.4				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					
		15777 SW 44 TERR	:				
		NEW Registered Office Address:					
					<u>o</u>		
		MIAMI, FI	33185		_		
cha age was	nge nt v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.		
S	igna	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to i	visi obl nere	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is discontinuous of this change.	ee to a perform d for in hereby	ct in this cap mance of my Chapter 60, confirm 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		

Signature of Registered Agent