| (Requestor's Name)             |                 |          |  |
|--------------------------------|-----------------|----------|--|
|                                |                 |          |  |
| (Addres                        | s)              |          |  |
|                                |                 |          |  |
| (Addres                        | s)              |          |  |
|                                |                 |          |  |
| (City/Sta                      | ate/Zip/Phone # | <u> </u> |  |
| (=,                            |                 |          |  |
| PICK-UP                        | WAIT            | MAIL     |  |
|                                | _               |          |  |
|                                |                 |          |  |
| (Busine:                       | ss Entity Name) |          |  |
|                                |                 |          |  |
| (Docum                         | ent Number)     |          |  |
|                                |                 |          |  |
| Certified Copies               | Certificates of | Status   |  |
|                                |                 |          |  |
| Canada Indonesia and a Cilia   |                 |          |  |
| Special Instructions to Filing | g Officer:      |          |  |
|                                |                 |          |  |
|                                | J. HORI         | NE       |  |
|                                | JUL - 8         | 2024     |  |
|                                | 105 0           | Lva i    |  |
|                                |                 |          |  |
|                                |                 |          |  |
|                                |                 |          |  |

Office Use Only



800432262758

07/03/24--01008--018 \*\*75.00

RECEIVED

# CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

|            | PICK UP:                    | BROOK 7/3    |
|------------|-----------------------------|--------------|
|            | CERTIFIED COPY              |              |
| XX         | РНОТОСОРУ                   |              |
|            | GS                          |              |
| XX         | FILING                      | CHANGE OF RA |
| ۱.         | NCR1481 LLC                 |              |
|            | (CORPORATE NAME AND DOCUMEN | VT #)        |
| 2.         | (CORPORATE NAME AND DOCUMEN | VΓ#)         |
| 3.         |                             |              |
| •          | (CORPORATE NAME AND DOCUMEN | NT #)        |
| <b>1</b> . | (CORPORATE NAME AND DOCUMEN | S'1' #)      |
| <b>5</b> . |                             |              |
|            | (CORPORATE NAME AND DOCUMEN | VI #)        |
| <b>.</b> . | (CORPORATE NAME AND DOCUMEN | NT #)        |
| SPECIAI    | LINSTRUCTIONS:              |              |
|            | <del></del>                 |              |
|            |                             |              |

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| NCR1481 LLC<br>SUBJECT:  |  |
| <del></del>  | ame of Limited Liability Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered O   | ffice Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning  | this matter to the following:  |
| David R. Roy   |  |
| Name of Person   | <del></del>  |
| David R. Roy, P.A.   |  |
| Firm/Company   |  |
| 4209 N. Federal Hwy  |  |
| Address  | <del></del>  |
| Pompano Beach, FL 33064  |  |
| City/State and Zip Code  | <del></del>  |
| jade.munoz1@icloud.com   |  |
| E-mail address: (to be used for future ar  | nnual report notification)   |
| For further information concerning this matter   | r, please call:  |
| David R. Roy   | 954 784-2961<br>at ( )   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the followin   | g amount:  |
| ■ \$25 Filing Fee  | S55 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 603.0114 or 603.0116, 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. N  | ame of the limited liability company: NCR148   | 1 LLC   |  |
|---|--|---|--|
| 2. (a)  | Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)  | (b)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
| 3.  | 04/08/2024  Date of filing/registration in Florida   |   | Document number  |
| 5. (a)  | David R. Roy, P.A.  Registered Agent and Registered Office shown on the re 4209 N. Federal Hwy  Registered Office Address (MUST BE FLORIDA S   | · · · · · · · · · · · · · · · · · · ·   | of State:  |
|   | Pompano Beach,   | , FL_33064  | <del></del>  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Re  102 SE 14TH PLACE  NEW Registered Office Address:  | ezistered Office address  |  |
|   | Decrfield Beach  | , FL_33441  | 22   |
| change<br>agent v<br>was/w<br>the art             | limited liability company is not organized under<br>e or changes are made, the Florida street address<br>will be identical. Or, in the case of a Florida lin-<br>ere authorized by an affirmative vote of the mer<br>icles of organization of the operating agreement                                | s of the registered off<br>nited liability compar<br>mbers of the limited liabili<br>of the limited liabili<br>Jade Mur | ice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.  |
| I here<br>provisi<br>he obl<br>o merc<br>notified | ture of a member or authorized representative of a member by accept the appointment as registered agent a consequent of all statutes relative to the proper and consignitions of my position as registered agent as pelly reflect a change in the registered office addition writing of this change. | and gaves to got in th  | Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been |
|   | Division of Corporationse FIL  | P.O. Box 6327• Ta<br>ING FEE: \$25.00   | allahassee, FL 32314   |

INHS18 (2/14)