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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

iter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE NOVA FACTOR GROUP LLC

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MAY 1 7 2024

## 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. 8	lame of the limited liability company: Nova Factor Grou	ap ELC	
2. (a)		(b)	
	Principal office address of timited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	04/16/24  Date of filing/registration in Florida		Document number
	CASTDELLON HANG	<del>4</del> .	Document number
5. (a	Registered Agent and Registered Office shown on the records of		
	18711 SW 15 STREET	the Franciscope	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2024 TAL
	HOLLYWOOD FL	33029	TALLAHASS
(b)	Northwest Registered Agent LLC		Fig. 2 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	FLORID
	7901 4th St N		26
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FI	33702	
the chagent was/v	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s). It is provided in
	ature of a member or authorized representative of a member	Nat Smitt	
			Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	rce to act in to performance ed for in Chap herchy confir	his capacity. I further agree to comply with the coffmy duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been
Siona	Taylor Newman - Assistant S	Secretary	