PPE 201000196299

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(Address)
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(City/State/Zip/Phone #)
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AUG 1 3 2024 Dicushing



July 11, 2024

NANCY CHERNER NARMOR, LLC 701 E CAMINO REAL 12J BOCA RATON, FL 33432

SUBJECT: NARMOR, LLC Ref. Number: L24000196299

We have received your document for NARMOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00014975

Diane Cushing Operations Manager A

JUL 28

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Narmor LLC	I Liability Company	
	Telatinity Conquany	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Name of Person		
Neurman LLC Firm/Company		
701 East Camino Real	#125 SECRETARY TALL // 18	· 1
Boca Raton, FL 33+3 City/State and Zip Code	20 P	
E-mail address: (to be used for future annual report no	PM 1: 32	/ ₂ =3.
For further information concerning this matter, please call:		
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 following amount:		
\$25 Filing Fee	\$55 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 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.

	Marine IIC
	me of the limited liability company: Narmor LLC 701 E Cantrio Real Buca Retent 5/233432
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	_
	Boca Ratin, FL 33432 Boca Ratin, FL 33432
	4/23/2024 LZ4000196299
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Erin L Sandman PA
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1615 S. Congress Ave Ste 103 = # 8
	Delvay Beach, FL 33445
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 701 E Carmo Real #12T
	NEW Registered Office Address:
	Boca Ration FL 33432
	, FL
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ture of a member
	71 ,,
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Çi	hany Cherner
Signatu	re of Registered Agent
	V Division of Companisons P.O. Pay 6327 Tallabasson FI 32314

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00