

(((H240003245213)))



H240003245213ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email Address:_____

LLC REGISTERED AGENT CHANGE NGK PROPERTY INSPECTIONS, LLC

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

M. SOLOMON

SEP 2 5 2024

9/24/2024 Q£:16:21 FOT To: 18506176383 Page: 2/2 Fax: 8134365206

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.

| 2. (a) | | (b)_ | |
|-------------------------------|--|---|--|
| | Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS) | | Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 07/18/24 | | 24000319894 |
| 3. | Date of filing/registration in Florida | _ | Document number |
| | KARAHALIOS NICKOLAS G | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | f the Florida D | ept. of State: |
| | 2143 OLD HOLLOW LANE | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | 2024 SEP SECRETALLA |
| | CLERMONT | L34715 | P 24 |
| (b) | Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N | | OF STATE |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg | _33702 | |
| the cha agent v was/we | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the | f the registe lability com of the limite | red office and the business office of the registered pany, it is hereby confirmed that the change(s) Id liability company or as otherwise provided in |
| | Tat Smith | Nat S | Smith |
| - | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| I herei provisi the obl | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change. | ree to act in performanted for in Che hereby conf | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |

Signature of Registered Agent

Taylor Newman - Assistant Secretary