**Division of Corporations** 



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC

Account Number : I20150000127 : (800)567-4397 Phone

: (800)567-4398 Fax Number

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

Email Address: rhenderson@urscompliance.com

## LLC REGISTERED AGENT CHANGE NRTC LLC

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## COVER LETTER

		••••	<b></b>			
	gistration Section vision of Corporations					
SUBJECT:	NRTC LLC  Name of Limited Liability Company					
SOPIECI						
Dear Sir o	Madam:					
The enclos	sed Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing.			
Please retu	irn all correspondence concerning this	s matter to the	s following:			
Scott Ga	агеу					
	Name of Person					
NRTC L	rc					
	Firm/Company		<del></del>			
2121 C	OOPERATIVE WAY, SUITE 600	0				
	Address					
HERND	ON, VA 20171					
	City/State and Zip Code		- <del>-</del>			
rhend E-m	erson@urscompliance.com ail address: (to be used for future ann	m ual report no	diffication)			
For furthe	er information concerning this matter,	please call:				
Kathy C	lark	800 at (	567-4397			
	Name of Person		Area Code & Daytime Telephone Numbe			
R D C	TREET/COURIER ADDRESS: legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	] ] ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
E	Inclosed is a check for the following	amount:				
ū	2 \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
INHS18 (	2/14)					

(((H19000280373 3)))

## 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.

L. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Ma	lling address of limited liabili	ity company: ICE BOX)
	2121 COOPERATIVE WAY SUITE 600			PERATIVE WAY S	
	HERNDON, VA 20171-4542	_	HERNDO	N, VA 20171-4542	
	11/06/2002		M02000000	2926	
3.	Date of filing/registration in Florida	4.	D	ocument number	
5. (a)	Registered Agent and Registered Office shown on the records of				
,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:		
	NRAI SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>	ಸ್ತಿ ಕ		
	1200 South Pine Island Road				
	Plantation, F	, 33324			
(b)	Enter name of NEW Registered Agent and/or NEW Registere				11:
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		
	URS AGENTS, LLC				
	NEW Registered Office Address:				='
	3458 LAKESHORE DRIVE				
	TALLAHASSEE	<sub>L</sub> 32312	:		
the cha agent v was/was the art	imited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability c of the lin e limited	stered office a ompany, it is in ited liability liability comp rry Gllmore,	and the business office of hereby confirmed that the company or as otherwise pany.  GFO	or the regist he change(s le provided
Signa	ture of a member or authorized representative of a member			Printed or typed name of sign	
I basa	by accept the appointment as registered agent and at ions of all statules relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to ac	t in this capac	city. I further agree to c	comply with with and ac

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