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From: GFI FaxMaker

Division of Corporations

Fax Number : (850)617 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866 2500

Fax Number : (702)866-2689

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

Email Address: Documents@incorp.com

LLC REGISTERED AGENT CHANGE NSB PROPERTIES, LLC

Certificate of Status	0
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Page Count	03
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JUN 1 7 2020

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Corporate Filing Menu

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From: GFI FaxMaker

To: 8506176383

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Date: 6/15/2020 1:58:50 PM

COVER LETTER

ro: Registration Section Division of Corporations	
SUBJECT: NSB Properties, LLC	
Name of Limit	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	
•	
Joanna Fernandez	
Name of Person	• • • • • • • • • • • • • • • • • • • •
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Parkway Suite 500S Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
Documents@incorp.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	H:
Joanna Fernandez for InCorp Services, Inc. at (70	02) 866-2500
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

To: 8506176383

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Date: 6/15/2020 1:58:50 PM H2UUUU181697 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.

1. Name of the limited	l liability company: NSB Pro	perties, LLC			
2. (a) 98 ELM STREE	ΕT	(b) ¹	(b) 98 ELM STREET		
Principal of	fice address of limited liability company MUST BE STREET ADDRESS)		Mailing	address of limited liability company: 2. MAY BE POST OFFICE BOX)	
ROUTE 110	SALISBURY, MA 01952		ROUTE 110 S	SALISBURY, MA 01952	
		 -		····	
11/15/20	04		M050	00006040	
3. Date of	filing/registration in Florida	4.	Docu	ment number	
5. (a) DEVER, THO	DMAS W				
	nd Registered Office shown on the recon	rds of the Florida I	ept. of State:		
765 MISSIO	N ROAD			۴-٠	
Registered Office	Address MUST BE FLORIDA STR	EET ADDRESS)		020	
NEW SMYR	IA BEACH	,FL 32168		2020 JUN 16	
				A. A	
(b) InCorp Serv		1000-10		بو	
Enter name of <u>NE</u>	W Registered Agent and/or NEW Regi	Sterea Omice agui	<u>(73)</u> .	22	
17888 67th	Court North	,			
NEW Registered)ffice Address:				
Loxahatche		33470			
	· · · · · · · · · · · · · · · · · · ·	_, FL,			
the change or changes agent will be identical was/were authorized/or the articles of organization	ara mooda (tipo li lomda etreet addin	הככ חד זווף דפסוכז	егел описе япа	it is hereby confirmed that after the business office of the registered by confirmed that the change(s) appany or as otherwise provided in the change of the	
V ML	authorized representative of a member		•	ed or typed name of signet	
I hereby accept the ap provisions of all statut the obligations of my to merely reflect a cha- notified by writing of the	pointment as registered agent are velative to the proper and con ostion as registered agent as proper in the revistered office addresses	ipicie performa avided for in C ess, I hereby co	in this capacity, nce of my dutie hapter 605, F.S nfirm that the li	. I further agree to comply with the s. and I am familiar with and accept . Or, if this document is being filed imited liability company has been	
Signature of Registered Ag					