Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000249301 3)))



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 : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

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

Email Address: dmv@potamkinfamily.com

E

LLC	REGI	STERED	AGENT	CHANGE
MI	AMI I	ON AU	ΓΟΜΟΤΙ	IVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 Standes, 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	b)				_
Principal office address of limited liab (Note: MUST 85 STREST AD				Mailing address of li-	-		r.
2150 NE 163rd Street			5800 NV	V 171st Street			
North Miami Beach, FL 33162		_	Miami, I	FL 33015			
04/12/2007			M0700000	02136			
Date of filing/registration in F	Torida	4.		Document numb	<u></u>	-	_
Dave Yusko							
Registered Agent and Registered Office shown	on the records of	f the Florid	Dept. of St	inte;			
					0 /2		
Registered Office Address (MUST BE FL)	ORIDA STREET	ADDRES	n		50	200	
5800 NW 171st Street					<u></u>		
Mismi		L_33015		_	3.	Z Z	
	, FI				60 t	25	
NRAI Services, Inc.					ا م حوتر		
Enter name of NEW Registered Agent and/or	NEW Registeres	1 Office ad	dress:	_	F 5	™	
					35	 ယ	
					4.	20	
NEW Registered Office Address:							
1200 South Pine Island Road							
Plantation	ជា	33324					
	, FL	- 		-			
imited liability company is not organize ange or changes are made, the Florida st							
will be identical. Or, in the case of a Flo	orida limited li	ability co	ompany, it	is hereby confirms	ed that the cl	hange(5
ere authorized by an affirmative vote of icles of organization or the operating ag					omerwise pr	OVIGEO	1
who Rhoder			Rhodes				
ture of a mouther or authorized representative of	a member			Printed or typed to	noc of eignee		
H	locant and an	tee to ari	in this ca	pacity. I further o y duties, and I am))5, F.S. Or, if this u the limited Itabili	gree to comp	ply with	ł

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

FLOISN - 7/17/2019 Waters (Depart Collect