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MAR 28 2027.
I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 567597 8373137

AUTHORIZATION : C

COST LIMIT : \$ 25.00

ORDER DATE: March 23, 2022

ORDER TIME : 1:27 PM

ORDER NO. : 567597-082

CUSTOMER NO: 8373137

CHANGE OF AGENT

NAME: NSMG SHARED SERVICES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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 liability company: NSMG SHARE	ED SERVICES LLC	
2. (1900 St. James Place	(b) 1900 St.	James Place
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 300	Suite 300	
	Houston, TX 77056	Houston,	TX 77056
	04/25/2007	M0700000	2379
3.	Date of filing/registration in Florida	4.	Document number
5. ((a)		
J. ((a)	of the Florida Dept. of State	- e:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-
	1200 SOUTH PINE ISLAND ROAD		207
	PLANTATION . F		2022 HAR 25
		·	25
(1	b)		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	Corporation Service Company		AH 8: 52 SSEE, FL
	NEW Registered Office Address:		-
	1201 Hays Street		-
	Tallahassee F	32301	
chan agen was/	ne limited liability company is not organized under the lange or changes are made, the Florida street address of that will be identical. Or, in the case of a Florida limited language authorized by an affirmative vote of the members articles of organization or the operating agreement of the	ne registered office and liability company, it is s of the limited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
Sig	gnature of a member or authorized representative of a member		Printed or typed name of signee
prov the o to m	reby accept the appointment as registered agent and assisted so that agent and assisted agent and complete obligations of my position as registered agent as provide the reflect a change in the registered office address, likely in writing of this change.	e performance of my a led for in Chapter 605 I hereby confirm that t	luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Sign	Line C. Kubiy lature of Registered Agent	Grace E. Kirby	Asst. Vice President