Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160000461583)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

Email Address:

11.1

LLC REGISTERED AGENT CHANGE NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERING, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 2 4 2016

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	NELSON BYRD WOLTZ LANDSCAP	LSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERING, PLLC				
Name of Limited Liability Company						
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Picase return	n all correspondence concerning this m	atter to the following:				
Tom Cassidy	,					
	Name of Person					
NELSON BY	YRD WOLTZ, LLC					
<u></u> ,,	Firm/Company					
408 Park Stre	eet					
	Address					
Charlottesvill	lc, VA 22902					
	City/State and Zip Code					
tcassidy@nb	wla.com					
E-mail	address: (to be used for future annual	report notification)				
For further in	nformation concerning this matter, ple	ase call:				
Tom Cassidy		434 984-1358				
	Name of Person	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	IEET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
□ \$2	25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
JNHS18 (2/)4)	·				

2/23/2016 10:02:30 AM From: To: 8506176383(3/3)

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.

	lame of the limited liability company:		1.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	408 Park Street		408 Park	Street
	CHARLOTTESVILLE, VA 22902		CHARL	OTTESVILLE, VA 22902
	12/30/2013		M1400000	00130
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NORTHWEST REGISTERED AGENT, LLC			
J. (a,	Registered Agent and Registered Office shown on the records o	of the Florid	la Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>'S)</u>	
	3030 N. ROCKY POINT DR. STE 150A			>>>> → 10 -m
	TAMPA,	L_33607		TASE 2
(b)	C.T. Cornoration System	,		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			3 A 9:36 BY OF STATE ORIDA
	NEW Registered Office Address:		 .	-
	1200 South Pine Island Road			_
	Plantation	L_33324		
the chi agent v was/w the art	limited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Later Bell	iws of the fed iability coof the limited	istered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. proporation System Chairmand Chairm	ree to ac e perforn ed for in hereby c	t in this cap nance of my Chapter 66 confirm that	pacity. I further agree to comply with the values, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
C T Co By:	orporation System Ylivile Chaumand			
Signati	ire of Registered Agent			