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## Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:	Division of	Corporations . (850) 617-6383				

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3335 Fax Eumber : (954)208-0845

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Email Address:

## LLC REGISTERED AGENT CHANGE NPC INSTALLATION COMPANY LLC

Certificate of Status	0
Certified Copy	1
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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 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.

	nne of the limited liability company: NPC INSTALL.	(b) no chang	(b) no change	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1/6/2016	M1600000	00123	
	Date of filing/registration in Florida	4.	Document number	
(a)	CORPORATION SERVICE COMPANY		71.52	
(4)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET		ate:	
	Registered Office Address (MUST BE FLORIDA STREET	<u>"ADDRESS)</u>	•	
			<del>_</del>	
	TALLAHASSEE, F	L 32301		
			<del>-</del>	
(b)	Enter mame of NEW Registered Agent and/or NEW Registers		· 	
•	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:		
	C T Corporation System			
	NEW Registered Office Address:		<del>_</del>	
	1200 South Pine Island Road		<del></del>	
	Diamerica	12114		
	Plantation, F	L_33324	<del>_</del>	
e cha gent v as/we	imited liability company is not organized under the lange or changes are made the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an adjustantive vote of the members icles of organization of the operating agreement of the	aws of the State of I of the registered off liability company, it tof the limited liability con the limited liability con	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00