M17 000003237

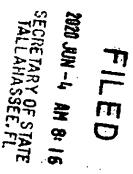
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100345646241

06/04/20--01008--006 ++25.00



COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC'	Nachurs Alpine Solutions, LLC				
зовяще		Name of Limited Liability Company			
Dear Sir o	r Madam:				
The enclo	sed Registered Agent/Registered (Office Change ar	nd fee(s) are submitted for filing.		
Please reti	urn all correspondence concerning	this matter to th	e following:		
John Grega	1				
	Name of Person				
Nachurs A	lpine Solutions, LLC				
	Firm/Company				
421 Leade	r Street				
	Address				
Marion, O	hio 43302				
	City/State and Zip Cod	ů.			
	achurs-alpine.com				
E-m	ail address; (to be used for future a	annual report not	tification)		
For furthe	er information concerning this mat	ter, please call:			
Jennifer A	dams	740 at (225-3482 (cell)		
-	Name of Person		Area Code & Daytime Telephone Number		
R D P	lailing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	inclosed is a check for the follow	-	\$55 Filing Fee & Certified Copy		

. . ,

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.

. (a)	421 Leader Street, Marion, Ohio 43302	(b) 4	21 Leader Street, Marion, Ohio 43302	
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	421 Leader Street	42	421 Leader Street	
	Marion, Ohio 43302		Iarion, Ohio 43302	
	May 12, 2020			
	Date of filing/registration in Florida	4.	Document number	
i. (a)	NRAI Survices, Inc.			
, (a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
			SECRETALLA	
	Plantation	FL		
		· · ·		
(b)			—— × of a m	
` ,	Enter name of NEW Registered Agent and/or NEW Register	red Office addre		
	Registered Agent Solutions , \nc .		ATE 6	
	NEW Registered Office Address:			
	155 Office Plaza Drive, Suite A	·· <u>·</u> -		
	Tallahassee	FI. 32301		
change igent was/we he arti	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the member	he registered of liability comp is of the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.	
	of a member or authorized representative of a member		Printed or typed name of signee	
I herel	by accept the appointment as registered agent and a	igree to act in ite performanc	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	