## MITCOD 007 242

(Re	questor's Name)	
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(City	//State/Zip/Phone	: #)
PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to f	iling Officer:	
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 24, 2019

Order#: 946295-028

Re: NUCORP INVESTMENTS, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. Na	ane of the limited liability company: <u>NUCORP INV</u>	ESTMENT	S, LLC	h
2. (a)	1104 PARIS ROAD, SUITE 2	(b	PO BOX 409	
	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		Mailing address of limited lia ( <u>Note: MAY BE POST O</u>	
	MAYFIELD. KY 42066		MAYFIELD, KY 42066	
	08/22/2017		M17000007242	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS		
	PLANTATION F	l. <u>33324</u>		19 19
(b)	Corporation Service Company			007
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office add</u>	l <u>ress</u> :	<b>0</b>
	1201 Hays Street			
	NEW Registered Office Address:		····	7:56
	Tallahassee, F	L <u>32301</u>		20

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>L'Oner</u> L. Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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