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(City/State/Zip/Phone #)	2021		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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:	12000000195
:	209988 8088891
:	Sprelle man
:	\$ 25.00
	:

ORDER DATE : November 8, 2021

ORDER TIME : 12:16 PM

ORDER NO. : 209988-091

CUSTOMER NO: 8088891

CHANGE OF AGENT

NAME: NEW RIVER RNG LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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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. Na	ame of the limited liability company:	NG LLC		
2. (a)	1 North Lexington Avenue	(b)		
2. (4)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited (Note: MAY BE POST	
	White Plains, NY 10601			
	08/10/2018	M1	18000007420	
3.	Date of filing/registration in Florida	4	Document number	
5. (a)	C T Corporation System			
5. (u)	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 STREET.	ADDRESS)		2021
	Plantation, FL	33324		
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>55</u> :	VI 10:
	Corporation Service Company			5
	NEW Registered Office Address:			
	1201 Hays Street	<u>.</u>		
	Tallahassee, FL			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	registered o ability comp of the limited	office and the business office of any, it is hereby confirmed th d liability company or as othe	of the registered at the change(s)
/s/ J	ill Cilmi	Jill Cilm	ni, Authorized Person	
Signa	ture of a member or authorized representative of a member		Printed or typed name of	f signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change	performance d for in Chaj hereby confil	e of my duties, and I am famil	iar with and accent

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

Ami M. Casper, Asst. Vice President

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Signature of Registered Agent

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