M19000000481

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Account#: I20000000088

Date:	09/13/2023	
	KEN	
Reference	#:2118575	
		NHP AMZ, LLC
Ame Ame Cor Diss	cles of Incorporation/Authoricendment ange of Agent nstatement reger solution/Withdrawal itious Name er	
Authorized	I Amount: \$25.00	
Signature:		

F: 800.944.6607

COVER LETTER

Registration Section

Division of Corporations

TO:

INHS18 (2/14)

NHP AMZ, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person COGENCY GLOBAL INC. Firm/Company 115 North Calhoun Street, Suite 4 Address Tallahassee, FL 32301 City/State and Zip Code dlittwin@dugganbertsch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$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.

۱.	. Name of the limited liability company:		NHP AMZ, LLC			
?	(a)	125 SW 3RD PLACE SUITE 200	(b)	125 SW 3RD PLACE SUITE 200		
((")			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	-	
	CAPE CORAL, FL 33991			CAPE CORAL, FL 33991		
		01/14/2019		M1900000481		
3.		Date of filing/registration in Florida	4.	Document number		
5. (a)	(a)	DUGGAN BERTSCH PLLC				
	(,	Registered Agent and Registered Office shown on the records of	Dept. of State:			
		875 109TH AVENUE N.				
		Registered Office Address (MUST BE FLORIDA STREET				
		Suite 302	202:			
		NAPLES	3410	2023 SEP 13 TALLAHĀSS	₹.	
	(b)	Cogency Global Inc.		$\frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{1}{\omega}$		
	` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	<u>ess:</u>		
		115 North Calhoun Street, Suite	3 AMIO: 12			
		NEW Registered Office Address:	——— Di 2			
			-			
		Tallahassee FI	L3230	301		
the ag wa the	e cha ent v as/we e arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the /S/ James M. Duggan	f the register iability comp of the limited	ered office and the business office of the reg apany, it is hereby confirmed that the change ed liability company or as otherwise provide	istered e(s)	
,	here	hy accent the appointment as registered agent and ag	ree to act in	n this canacity. I further goree to comply w	ith the	
pr the to	ovisi e obl mer	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.	e performance ed for in Cha hereby confi	nce of my duties, and I am familiar with and uapter 605, F.S. Or, if this document is bein ufirm that the limited liability company has b	accept g filed seen	
_	_	/S/ Sean Chase				
Si	gnatu	ire of Registered Agent				