M19 00000 1563

(Re	questor's Name)									
(Ad	dress)									
(Address)										
. (City/State/Zip/Phone #)										
. DICK-ND	☐ WAIT	MAIL								
(Business Entity Name)										
(Document Number)										
Certified Copies	Certificates	Certificates of Status								
Special Instructions to	Filing Officer:									

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: July 31, 2019

'Order#: 831899-003

Re: NA ALII CONSULTING & SALES LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{XX}$ Check in the amount of \$25.00.

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: Ashley Seeman 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	me of the limited liability company:	NA ALII CONSU	JLTING 8	SALES L	_C				
2. ((a)	3375 KOAPAKA STREET., SUITE	B200	(b)						
	(- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		HONOLULU	HI 96819	-						
		02/12/2019			M190000	01563				
3.		Date of filing/registration i	n Florida	4.		Document num	iber	- · 		
5.	(a)	BUSINESS FILINGS INCORPO	RATED							
	(,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State								
		1200 SOUTH PINE ISLAND ROA	D							
		Registered Office Address (MUST BE)	FLORIDA STREET 2	(DDRESS)		-				
							20	Profit institution		
		PLANTATION	FL	33324		-		ARS AND		
(b)	(h)	Corporation Service Company					, r	-	- 1	
	(0)	Enter name of <u>NEW Registered Agent</u> and	l/or NEW Registered	Office add	ress:	-	75 	图 8:4		
		1201 Hays Street					5,	۲.		
		NEW Registered Office Address:					シ			
					<u>.</u> .	-				
		Tallahassee	FL	32301		_				
the age was the	cha int w s/we arti	mited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a creauthorized by an affirmative vote cles of organization or the operating the contraction of a prember or authorized representative.	a street address of Florida limited lia of the members of agreement of the	the regis ability co of the limi limited li	tered office mpany, it is ted liability ability con	e and the busine s hereby confirm y company on a	es office ned that s otnerw	of the the cha ise prov	registered nge(s)	
I h pro the to r not	erel visi obli nere ified	by accept the appointment as registered for all statutes relative to the profigations of my position as registered by reflect a change in the registered in writing of this change.	red agent and agr per and complete l agent as provided l office address, I l	performa d for in C hereby co	ince of my hapter 605 infirm that	acity. I further	agree to Familia S aocum ility com	comply r with a ent is b pany ho	md accept	

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