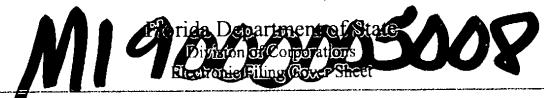
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LLC REGISTERED AGENT CHANGE NSV CONNECT, LLC

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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.

l. Na	me of the limited liability company:	C						
2. (a)	600 TALLEVAST RD, STE 202	((b) 600 TALLEVAST RD, STE 202					
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	SARASOTA, FL 34243		SARASO	ΓA, FL 34243				
	05/20/2019		M19000003	5008				
3.	Date of filing/registration in Florida	4.		Document number	er			
5. (a)	COGENCY GLOBAL INC.			_				
J. ()	Registered Agent and Registered Office shown on the records of 115 N CALHOUN ST, STE 4	the Florid	la Dept. of Sta	te:		207		
	Registered Office Address (MUST BE FLORIDA STREET)	_	22 %	2020 HAR	٠			
	TALLAHASSEE, FL	32301		-		25 F	, :	
(b)	C T Corporation System			PM 12: 38	, 27 , TEXT.			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	_	- 1	38		
	NEW Registered Office Address:	<u>.</u>		 -				
	1200 South Pine Island Road			_				
	Plantation , FL	33324						
signal I here provis the obto mer	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light of the property of the members of the street authorized by an affirmative vote of the members of the street of the members of the street of a member or authorized representative of a member of a	the regability of the limited Do Prese to a perfor id for inhereby	gistered office company, it mited liability coerek H. Squire ct in this camance of my Chapter 60 confirm tha	is hereby confirme ity company or as ompany. Printed or typed nar pacity. I further ago duties, and I am first the limited liability the limited liability.	office of that the otherwise	change change provided mply will ith and d	stered (s) I in th the	

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