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(F	Requestor's Name)	-		
	Address)			
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	City/State/Zip/Phone #)			
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PICK-UP	WAIT	MAIL		
	Business Entity Name)			
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(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to F	iling Officer:	- "		
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Office Use Only



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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. i	Name of the limited liability company: NORTH AMERI	CAN M	IINING, LLC	;
2. (a	10025 NW 116th Way	(b) 10025 NW 116th Way		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · · /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 1		Suite 1	
	Medley, FL 33178		Medley,	FL 33178
	August 5, 2019		M190000	007518
3.	Date of filing/registration in Florida	4.		Document number
5. (a	a)			
. (Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	ate:
	Al-Hadari, Mohamad J, President			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>SS)</u>	_
	2630 SW 19th Street			2024 SE0
	Miami , FL	3314	5	2024 OCT : SECRETA
				28 - 28 - 28 - 28 - 28 - 28 - 28 - 28 -
(b	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	- L™ 👺 🗩
	Third hand of NEW registered regent and of MEW registered	· Connec	auuress.	# 2:
	Corporation Service Company			(特別 ○ 1)
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee, FL	_3230 ⁻	1	_
chan agen was/	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	registe ability of the l	cred office a company, it mited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s.	John D. Neumann	J	ohn D. Neun	nann, Authorized Person
Sig	nature of a member or authorized representative of a member	_		Printed or typed name of signee
prov. the o to me	reby accept the appointment as registered agent and agr isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide grely reflect a change in the registered office address, I l ied in writing of this change.	ec to a perfor d for ir hereby	ct in this cap mance of my Chapter 66 confirm that	pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been

Signature of Registered Agent
Lindsey M. Lockard, Asst. Vice President on behalf of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00 CSC COA-11585