M19 000009033

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}
		}
		

Office Use Only



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JUN 2 5 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: June 3, 2020

Order#: 309055-026

Re: NOL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

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: Matthew Ermak 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	ame of the limited liability company: NOL, LLC						
2. (a)	3024 BUSINESS PARK CIRCLE	()	(b) 3024 BUSINESS PARK CIRCLE				
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	GOODLETTSVILLE, TN 37072	_	GOODLE	ETTSVILLE, T	N 37072	·	
	09/19/2019		M1900000	9033			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	Registered Agent and Registered Office shown on the records of OPTIMAL JACKSONVILLE LLC	ee:		2020 JUH	reräse)		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6138 KENNERLY RD, STE 101				<u>*</u> ₩ <u>₩</u>	ı	
	JACKSONVILLE , FI	32216		-	903 733 734	MA 8	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office ad	ldress:	-		6	
	NEW Registered Office Address:			_			
	1201 Hays Street			_			
	Tallahassee, FI	32301		_			
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the property.	e register ability co of the lin limited	ed office an ompany, it i nited liabilit liability cor	id the business s hereby confi ty company or npany.	office of the of the of the office of the of	he regi: he chai	stered nge(s)
	yan Brown ture of a member or authorized representative of a member	- Ky	an Brown,S	Printed or type	d name of sig		
I here provis the obt to mer	by accept the appointment as registered agent and agions 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 din writing of this change.	ree to act perform ed for in (hereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I furthe	er agree to d	comply	with the nd accept ring filed s been
Signati	ure of Registered Agent						