Division of Corporations



fote: 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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	 	 	 _

LLC REGISTERED AGENT CHANGE NS RETAIL HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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MAR-1-0-2020 --

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Help

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đ	COVER LETTER 🔑
TO: Registration Section Division of Corporations	
SUBJECT: NS Retail Hold	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Trease retain an correspondence careering and	<u>,</u>
Margot Mullin	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
,	
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this matter, [please call:
	888 705-7274
Margot Mullin Name of Person	at () Area Code & Daytime Telephone Number
	,
STREET/COURIER ADDRESS:	MAILING 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	S55 Filing Fee & Certified Copy
INUS 18 (2/14)	

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
5910 N. CENTRAL EXPRESSWAY, SUITE 1600	59 ¹	0 N. CENTRA	L EXP	RESSWA'	Y, SUITE	= 160
DALLAS, TX 75206	D	ALLAS,	TX	7520	6	
12/13/2019	M	1900001	191	13		
Date of filing/registration in Florida	4.	Docum	ent nun	nber		
CT CORPORATION SYSTEM						
Registered Agent and Registered Office shown on the records of the	Florida Dept	of State:				
1200 SOUTH PINE ISLAND	ROAL)		:_	2012	
Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			29	2020 HAR	•
				~ :	1	
PLANTATION FL3	3324			٠,٠ ٠	9	;- ·
				:	AM 10: 02	ا الم
Registered Agent Solutions, I					o: o	
Enter name of NEW Registered Agent and/or NEW Registered O	ffice address	:		<u>:</u>	2	
155 Office Plaza Dr.						
NEW Registered Office Address:						
Suite A		<u>.</u>				
Tallahassee	22201					
Tallahassee _{FL} 3	<u> </u>					

the articles of organization or the operating agreement

/s/ Mark Manheimer

Mark Manheimer Member

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst, Secretary

Signature of Registered Agent