## Division of Corporations **Electronic Filing Cover Sheet**

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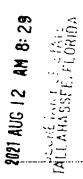
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)203-0845 Please honor original date 08/03/2021

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

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## LLC REGISTERED AGENT CHANGE NEOPART TRANSIT 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.

, No	me of the limited liability company:	NSIT, LI	LLC
l. (a)		1	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···· \	(b) Mailing address of limited liability company: (Sole: MAY BE POST OFFICE BOX)
	5 Dutch Ct. Suite C		5 Dutch Ct. Suite C
	Reading, PA 19608-8987	<del>-</del>	Reading, PA 19608-8987
	03/17/2021		M21000003732
	Date of filing/registration in Florida	4.	Document number
. (a)	C T Corporation System		
` '	Registered Agent and Registered Office shows on the records of	the Florid	rida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	SS
	1200 South Pine Island Road		_
	Plantation FL	3.	33324
	NRAI Services, Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office as	address:
	NEW Registered Office Address		
	1200 South Pine Island Road		
	Plantation . Fit.	33324	
ie cha gent v /as/wo ie arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the regi bility co f the lin fimited	the State of Florida, it is hereby confirmed that after gistered office and the business office of the registere company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in d liability company.
- C	Instchen Markel  ture of a member or authorized representative of a member	Unc	Printed or typed name of signee
heret rovisi ne obli nere otified y: ()	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in gations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of this change.  NRAL Services, Inc.  2011-101-102-1018-1018-1018-1018-1018-10	ee to aco perfarm I for in ( iereby co Secreta	uct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accep o Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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