M2/00003878

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A. RAMSEY JUN 24 2074 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195						
REFERENCE : 487052 8452069						
AUTHORIZATION TREBACEMON						
COST LIMIT : \$ 25.00						
ORDER DATE : June 5, 2024						
ORDER TIME : 10:28 AM						
ORDER NO. : 487052-012						
CUSTOMER NO: 8452069						
CHANGE OF AGENT						
NAME: NAVSAV HOLDINGS II, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Miller						
EXAMINER'S INITIALS:						

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.				
2	(a)	6250 Delaware Street, Suite B	(b)	
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Beaumont, TX 77706		
		04/05/2021	M210	000003878
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Corporate Creations Network Inc.		
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 801 US Highway 1 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		of State:
		North Palm Beach	,FL_33408	
		Corporation Service Company		
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee,	FL	<u> </u>
cha age wa:	inge int w s/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member less of organization or the operating agreement of the street in the control of the	the registered offi I liability company rs of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		Walters, Authorized Person		
	_	are of a member or authorized representative of a member		Printed or typed name of signee
I h pro the to 1	ereb visic obli nere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address, in writing of this change.	agree to act in this ete performance o ided for in Chapte I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
not	ijied	in writing of this charge.	Corporation S	ervice Company
Sig	natur	of Registered Agent	Ami M. Caspe	er, Asst. Vice President

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