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## LLC REGISTERED AGENT CHANGE NEPA HOSPITALITY LLC

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S. ROST RIS

To:

## 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.

I. Na	me of the limited liability company: NLPA HOSPITAL	LITY, LLC			
2, (a)	100 CHALLENGER ROAD	(b)			
m. (m)	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 105	SUITI	105		
	RIDGEFIELD PARK, NJ 07660	RIDG	RIDGEFIELD PARK, NJ 07660		
	05/28/2021	M2100	0006564		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	VCORP AGENT SERVICES, INC.				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:		
	1200 S PINE ISLAND ROAD				
	Registered Office Address	DDRESS)			
			20%		
	PLANTATION , FL	33324			
	C T Corporation System				
(b)		0.07	<del></del> ,		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 9	Office address:	<u>:</u>		
	NEW Registered Office Address:	• •	<sup>©</sup>		
	1200 South Pine Island Road				
			<del></del>		
	Plantation	33324			
the cha agent v was/we the 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 icles of organization or the operating agreement of the	s of the State of the registered of bility company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
Signa	ture of a member of a member	<del></del>	Printed or typed name of signee		
	by accept the appointment as registered agent and agri- tions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.  C T Corporation System  ANL EMERICK ASSISTANT SECRETARY  The of Registered Agent	ee to act in this performance of d for in Chapte ereby confirm	capacity. I further agree to comply with the I 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		