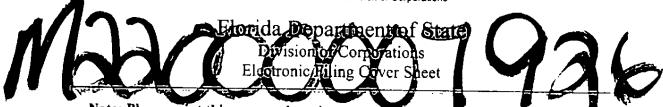
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(((H23000208176 3)))



H230002081763ABC\$

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Division of Corporations

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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

\*Enter the email address for this business entity to be used for future

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## LLC REGISTERED AGENT CHANGE **NE KINGS LLC**

Certificate of Status	0
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T. LEMIEUX

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Heip JUN 1 2 2023

## H23000208176 3

## 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. N	ame of the limited liability company: NE KINGS LLC						
2. (a)	C/O DEL ORO LEASINIG OFFICE		b) C/O DEL	ORO LEASIN	IG OFFICE		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:					
	7001 NW 16TH STREET		7001 NW	(Note: MAY BE POST OFFICE BOX)  NW 16TH STREET			
	PLANTATION, FL 33313-5270	_	PLANTATION, FL 33313-5270				
4	5/19/22		M22000007	926			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	NICHOL McCROY						
	Registered Agent and Registered Office shown on the records of the C T CORPORATION SYSTEM	he Florid	Dept. of State	<del>-</del> e:			
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS	2	_			
	1200 SOUTH PINE ISLAND ROAD		_				
	PLANTATION	33324	<del></del> -	-			
(b)	NRAI Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered C		dress:		∵.	2023	
	NEW Registered Office Address:			•		دن	
	1200 South Pine Island Road					FH	۲-
	Plantation,FL	3332	4		•	1: 26	
Signatu  I hereb provisio the obligato merel	mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the set of organization or the operating agreement of the limited liab representative of a member of all statutes relative to the proper and complete properties of all statutes relative to the proper and complete properties of a member of all statutes relative to the proper and complete properties of the properties of th	egistere ility con the limi mited li  CHA	d office and npany, it is ted liability ability compared in this capace of this capace of this capace of this capace.	the business of hereby confirm company or a pany.  EKA  Printed or typed in city. I further cutters and I company.	office of the re ned that the cl s otherwise pr name of signee	gistered nange(s) ovided i	in the

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