Rlorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:		
A			

LLC REGISTERED AGENT CHANGE **NOWPORTS USA 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.

1. Na	ame of the limited liability company: Nowports USA LL	C					
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limit (Note: MAY BE PO)	ed liabilit	y company:	
	07/12/22		M22000010	771			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Medina, Luisana						
J. (ar		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	252 NW 29th ST						
	Registered Office Address (MUST BE FLORIDA STREET A	_					
	9th Floor Suite 944						
	Miami	33127		_			
	Miami, FL	-		_			
(b)	Registered Agents Inc						
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddress:	-	2021		
	7901 4th St N				2024 ATR 2		
				_	>: >>	117	
	NEW Registered Office Address:				5	- 1 *	
	STE 300			_	Ä	2 2	
	Ct Detection	22702			ن		
	St. Petersburg , FL	33702		_	7		
the cha agent was/wathe	imited liability company is not organized under the law ange 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	the regability confidence of the limited	istered offic- ompany, it i nited liabilit	e and the business of s hereby confirmed y company or as other	ffice of that the	the register change(s)	
Signa	ture of a member or authorized representative of a member	J. 1 3011C3	Printed or typed name	of signee			
I here provisi the obi to mer notific	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is dim writing of this change. David Roberts - Assistant Se	perjorn d for in hereby o	et in this cap nance of my Chapter 60: confirm that	acity. I further asv	ec to co.	mply with t	
	re of Registered Agent	Joi Ciai y					