(Requestor's Name)							
(Address)							
(Address)							
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
	J. JUN	HORNE ? 4 2024					

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	1200000	00195
		REFERENCE	:,	487052	8452069
		AUTHORIZATION	ر نیکن		
		COST LIMIT	J	\$-25.0	
ORDER	DATE :	June 5, 2024			
ORDER	TIME :	10:29 AM			
ORDER	NO. :	487052-045			
CUSTON	MER NO:	8452069			
					• • • • • • • • • • • • • • • • • • •
CHANGE OF AGENT					
)				
	NAME:	NAVSAV HOLDII	NGS,	PPC	
חוחאפי	י בי שור בי	MUD HOLLOWING 3	a 55	000 00 53	rr TNG
PLEASI		THE FOLLOWING AS	5 PR	OOF OF FI	LLING:
XX		FIED COPY STAMPED COPY			
CONTAC	CT PERSON	N: Amanda Mille	r		

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.	Na	me of the limited liability company:NAVSAV HOL	DINGS,	LLC	
ว	(a)	6250 Delaware Street, Suite B		(b)	
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Beaumont, TX 77706			
		07/21/2022		M220000	11424
3.		Date of filing/registration in Florida	 4.		Document number
5.	(a)	Corporate Creations Network Inc.			
J.	(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ate:
		801 US Highway 1			
		Registered Office Address (MUST BE FLORIDA STREET	_		
		North Palm Beach, FI	33408	3	
(b)		Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office n	ddress:	2 024 J∷
		NEW Registered Office Address:			
		1201 Hays Street			2 7
			_		
		Tallahassee, FI	32301		日 (2) - あ
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liver authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability c of the lin	red office at ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	/s	Candice Walters	C	andice Walt	ers, Authorized Person
		ure of a member or authorized representative of a member			Printed or typed name of signee
I li pro the to t	iereb ovisio obli mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to ac perform d for in hereby c	et in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
noi	tifiea	The writing of this charge.	orpora	ition Servi	ice Company
Sig	Justin	e of Registered Agent	mi M.	Casper, A	Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00 CSC 487052-45