12P1 660055M

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 04/3	0/2024		
Name:			
Reference #:	2328728		
Entity Name:	NBC CAMPS H	OLDINGS, LLC	
	ncorporation/Authorization to T		
Amendmen	t	2 024 SEC	
Change of a	Agent	2024 APR 30 SECRETARY TALL AH	, 41 7
Reinstatem	ent	, ,	
Conversion		MC P	12
☐ Merger			
☐ Dissolution	Withdrawal		
Fictitious N	ame		
Other			
Authorized Amour	nt: \$25.00		
Signature:	(Part)	_	

F: +852.2682.9790

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.

		,,	`	
(a)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u> </u>	No Cha	nge
	August 1, 2022		N	M22000011921
	Date of filing/registration in Florida	4.		Document number
(a)	REGISTERED AGENTS INC.			
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:
	7901 4TH ST. N, STE. 300			
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	2	SEC SEC
	ST. PETERSBURG , FL	33702		PR 30
71. X	COGENCY GLOBAL INC.			200 P
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	2024 APR 30 PM 1: 14 SECRETARY OF STATE TALL ANA SSEE, FL
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			_
	Tallahassee, FL	32301	<u>-</u> -	_
e cha gent v as/wo	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin	stered offic ompany, it nited liabili	the and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
	ndrew Powelson		rew Powe	
	ture of a member or authorized representative of a member			Printed or typed name of signee
here ovisi e obi mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accu 15, F.S. Or, if this document is being file t the limited liability company has been

Signature of Registered Agent
Tim Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00