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## LLC REGISTERED AGENT CHANGE PROJECT SUMMIT NLP LLC

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T. LEMIEUX

AUG 1 4 2023

## 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.

. Na	ame of the limited liability company:	NLP LI	LC					
(a)	30 N LASALLE ST		(b)	30 N I_A	SALLE ST			
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  STE 4140	<del>_</del>		STE 4140	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	CHICAGO, IL 60602	_		· · ·	O, IL 60602			
			•					
	08/02/2022		N	12200001:	2021			
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document	number		
(")	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 S PINE ISLAND RD							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDR	ESS)		_			
	PLANTATION , FL	3332	4		- -			
(b) _	United Agent Group Inc.				_	, <u>-</u>		
	Enter name of NEW Registered Agent and/or NEW Registered 801 US Highway 1	Office	<u>addr</u>	<u>ess</u> :		Z.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	NEW Registered Office Address:				_			
	North Palm Beach	33408			_			į.
	, FL	,—————————————————————————————————————			_	•	r. O	
ange ent w is/we artic	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 liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ibility of the l limite	ered complimited d liab	office an pany, it is defined the second terms of the second terms	d the busine s hereby cor y company	ess office offirmed th	of the repart the ch	gistered lange(s)
ignat	John Penez ure of a member or authorized representative of a member	_			Printed or ty	ped name o	f signee	
ieret ovisid obli mere tifiea	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to c perfor I for in tereby	act in mane n Che conf	this cape se of my c apter 605 irm that	acity. I furt duties, and i . F.S. Or, i the limited l	her agree I am fami I this doct iability ce	to comp liar with ument is ompany l	ly with the and accep being filed as been
	× × ×	hn I	Per	ez, Sp	ecial S	ecreta	ıry	
mator	e of Registered Agent			•				