

M22000012524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

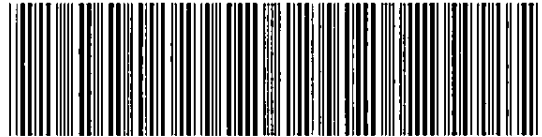
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

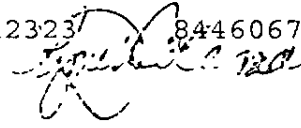
2024 MAY -1 AM 11:12

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DIVISION OF STATE
TALLAHASSEE, FL

2024 MAY -1 AM 9:33

6/10/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 412323 8446067
AUTHORIZATION : 
COST LIMIT : \$ 25.0

ORDER DATE : April 11, 2024

ORDER TIME : 10:12 AM

ORDER NO. : 412323-018

CUSTOMER NO: 8446067

REC-1
APR 11 AM 9:33
CLERK OF STATE
TALLHASSEE, FL

CHANGE OF AGENT

NAME: MITU NGL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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. Name of the limited liability company: MITU NGL, LLC

2. (a) 2108 N Street, Suite N (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Sacramento, CA 95816

08/10/2022

M22000012524

3. Date of filing/registration in Florida 4. Document number

5. (a) Northwest Registered Agent LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St N, Suite 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33702

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jill Cilmi

Jill Cilmi, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ami M. Casper
Signature of Registered Agent

Corporation Service Company
Ami M. Casper, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 412323-18