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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TÄLLAHASSEE,FL

02 :8 FM 2- YEAR





April 25, 2024

Via USPS Certified Mail
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Noviam Systems, LLC Change of Registered Agent

To whom it concerns,

Please find enclosed an executed Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company for Noviam Systems, LLC, a Delaware limited liability company. Please process this filing and place a file stamped copy in the mail to our office using the enclosed self addressed envelope with postage provided.

Please let us know if you have any questions: E-mail: <u>KBeechly@PlunkSmith.com</u>
Phone: 972-370-3333, please ask for Kellianne. Thanks so much for your time and help with this matter.

Kellianne Beechly

PLUNK SMITH PLACE

KB Enc.

2801 Network Boulevard, Suite 300 Frisco, Texas 75034 Office: (972) 370 3333

Fax: (214) 580 2771 www.plunksmith.com

COVER LETTER

TO: Registration Section Division of Corporations	
Noviam Systems, LLC SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Adam D. Plunk	
Name of Person	·····
Plunk Smith PLLC	7
Firm/Company	
2801 Network Boulevard, Suite 300	TALLATINO
Address	
Frisco, Texas 75034	•
City/State and Zip Code	
kbeechly@plunksmith.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Adam D. Plunk	972 370-3333
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	unt:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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: Noviam Systems	ns, LLC		
2. (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)		
	2801 Network Blvd. Ste 300	2801 Network Blvd. Ste 300		
	Frisco, Texas 75034	Frisco, Texas 75034		
	February 24, 2023	M23000002478		
3.	Date of filing/registration in Florida	4. Document number		
- 1	,			
5. (a)	of the Florida Dent. of State:		
	API Processing - Licensing, Inc.		20 2	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESSI 5	3024 HAY	
	3419 Galt Ocean Drive, Suite A	TADDRESSI C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Fort Lauderdale , F	33308 S		
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(t	Enter name of NEW Registered Agent and/or NEW Registere	red Office address:	:: 20	
	Capitol Corporate Services, Inc.			
	NEW Registered Office Address:			
	515 East Park Avenue, 2nd Floor			
	Tallahassee , F	FL_32301		
chan agen was/	e limited liability company is not organized under the la age or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	he registered office and the business office of the re liability company, it is hereby confirmed that the c s of the limited liability company or as otherwise pr	egistered hange(s)	
6	Villiam Karl Beavers	William Karl Beavers, Member		
Sig	Villiam Karl Beavers mature of a member or authorized representative of a member	Printed or typed name of signee		
prov the o	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change.	gree to act in this capacity. I further agree to com te performance of my duties, and I am familiar with ded for in Chapter 605, F.S. Or, if this document is I hereby confirm that the limited liability company	ply with the n and accept being filed has been	
Sign	Mary Fink, Asst. Sec. on behalf of	f of Capitol Corporate Services, Inc,		