M23 0000/0311

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEWCBN, ELC	
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Bonnie Alford	
Name of Person	
Compliance Management Solutions, LLC	
Firm/Company	
1121 Old Concord Rd, Suite 13	THE SHASE THE
Address	Ote mail
Salisbury NC 28146	
City/State and Zip Code	
katie.mcalister@compliancesolutions.us	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Katie McAlisterat (704) 288-1798 ext 113
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 amount	nt:
■ \$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.

I. Name of the limited liability company: NEWCBI	N, LLC
2. (a) NEWCBN, LLC	(b) NEWCBN, LLC
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited liability company:
383 Main Avenue, Suite 505	383 Main Avenue, Suite 505
Norwalk, CT 06851	Norwalk, CT 06851
8/4/23	M23000010311
. Date of filing/registration in Florida	4. Document number
. (a) Incorporated Services, Ltd.	
Registered Agent and Registered Office shown on the re INCORPORATING SERVICES, LTD., INC.	
Registered Office Address (MUST BE FLORIDA S	
Tallahassee	FL 32301 50 70 70
Enter name of NEW Registered Agent and/or NEW Recompany NEW Registered Office Address:	Registered Office address:
1201 Hays Street	
	 _
Tallahassee	, FL 32301
hange or changes are made, the Florida street addres gent will be identical. Or, in the case of a Florida lir vas/were authorized by an affirmative vote of the mente articles of organization or the operating agreemen	Anthony Escamilla
Signature of a member or authorized representative of a member	21
I hereby accept the appointment as registered agent of rovisions of all statutes relative to the proper and come obligations of my position as registered agent as posterely reflect a change in the registered office addrotified in writing of this change.	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and accept provided for in Chapter 605. F.S. Or, if this document is being filed tress, I hereby confirm that the limited liability company has been
Signature of Registered Agent	 -