## P12 600 649 312

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		;





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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/29/2025	_			
Name:	Ovidshel Occe	an Jr			
Reference #	26318	51			
	:NA		HOLDING	S, INC.	
	es of Incorporation/A				
☐ Amer	ndment				
✓ Chan	ge of Agent				
☐ Reins	statement				
☐ Conv	ersion				
☐ Merg	er				
☐ Disso	lution/Withdrawal				
Fictiti	ous Name				
Other					
Authorized A	arrourt.	\$35.00			
Signature:	O. Quen fur				

F: 800.944.6607

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	17.0502, 617.0502, 607.1508, or 617.15 orporation organized under the laws of A A office or registered agent, or both, in t	the State of Florida	
1. The name of t	he corporation:	NAS REALTY HOL	DINGS, INC.	
2. The principal	office address: No Ch	ange	<del></del>	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	May 25, 2012 Document numb	er: P12000049312	
	street address of the cu tment of State: (If resign	rrent registered agent and registered offi led, enter resigned)	ice on file with the	
	CORPORA	TION SERVICE COMPA	NY	
		1201 Hays Street		
	Tall	ahassee, FL 32301		
6. The name and (if changed):	cogency of	w registered agent (if changed) and /or to	registered office 25	
	115 North Ca	lhoun St., Suite 4		
	Tallahassee,	P.O Box NOT acceptable FL 32301	5: 31	
The street addre as changed will	ss of its registered offic be identical.	e and the street address of the business	s office of its registered agent.	
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by its board of directorion has been notified in writing of the	ors or by an officer so change.	
	W. McCORMICK		THOMAS W. McCORMICK, President	
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the provi my duties, and I am fam s document is being file	Frinted or typ istered agent and agree to act in this co isions of all statutes relative to the pro- publiar with and accept the obligation of ad merely to reflect a change in the reg s been notified in writing of this chang	per and complete Tmy position as registered vistered office address, I	
/s/ Tim Mayv	rille	1/29/2025		
_	nature of Registered Agent	Ţ.	Date	

Tim Mayville , Assistant Secretary

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*