Entity Na	NS, LLC	Secretary of 0337640314			
2800 ALME	Principal Place of B DA STREET ILLE, FL 32209	usiness:			0337040314
Current N	lailing Address:				
	IEDA STREET IVILLE, FL 32209 (JS			
FEI Numb	per: 45-4076502			Certificate of	of Status Desired:
Name and	d Address of Currer	nt Registered Agent:			
5125 ADANS SUITE 500	SAFETY COUNCIL, INC. SON ST. FL 32804 US				
The above na	med entity submits this staten	ment for the purpose of changing its reg	gistered office or reg	gistered agent, or bot	h, in the State of Florida.
SIGNATU	RE:				
	Electronic Signatur	re of Registered Agent			
Authorize	ed Person(s) Detail :	:			
Title	MCPM		Titlo	MCPM	

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUG POWELL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/30/2021 Date

Date

FILED Apr 30, 2021 Secretary of State 0337640314CC

Status Desired: Yes

Title	MGRM	Title	MGRM			
Name	POWELL, DOUG	Name	SHARER, JOHN			
Address	12301 KERNAN FOREST BLVD UNIT 1707	Address	11649 SANDS AVE			
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32246			