Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004313493)))



H210004313493ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	 _

## LLC REGISTERED AGENT CHANGE NOUVEAU RICHE SYSTEMS LLC

AH 10: 11	11889
1 NOV 23	AHROSH

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

NOV 2 4 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

## 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.

L N	ame of the limited liability company: Nouveau	Riche S	System LLC			
2. (a)		(b)	Mailing address of hmited liability			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFIC			
				····	•	
	09/13/21	L21	000406434			
3.	Date of filing/registration in Florida	4.	Document number			
٠.	FRAZIER, CHRISTOPHER D					
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:			
	3266 CANDLE RIDGE CT			图片	20%	
	Registered Office Address (MUST BE FLORIDA STREET	<del></del>	LAHASS	<u> </u>		
	BUILDING G			2021 NOV 23	;=	
	ORLANDO E	32822				نتا
				OF STATE	AH 10: 15	Ü
(b)			<del></del>		<del></del>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	3	6	S	
	7901 4th St N					
	NEW Registered Office Address:		<del></del>			
	STE 300					
	St. Petersburg	<sub>L</sub> 33702				
the chagent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compar of the limited e limited liabil	i office and the business office of ny, it is hereby confirmed that the liability company or as otherwise ity company.	the reg change	gisterec e(s)	Ì
13.5	Rilling Tak	Riley P	ArK  Printed or typed name of signee			-
I her provi the ol to me notify	ature of a member or authorized representative of a member  eby accept the appointment as registered agent and age  sions of all statutes relative to the proper and complet  oligations of my position as registered agent as provid  rely reflect a change in the registered office address, led in writing of this change.  Bill Havre - Assista	e neriormance	nis capacity. I further agree to con of my duties, and I am familiar wi ter 605, F.S. Or, if this document in that the limited liability compan	nply w	accen	í