Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274

: (888)706-7274

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

-		•		
⊦ma	3	ı	Address:	

LLC REGISTERED AGENT CHANGE LS-VEH EAGLE CREST LLC

Certificate of Status	0
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3 10/21/25

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Corporate Filing Menu

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INHS18 (2/14)

COVER LETTER

Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Name of Person		Area Code & Daytime Teleph	one Number
Ashley McMahon	888 at (705-7274	
E-mail address: (to be used for future a For further information concerning this matt	•	fication)	
City/State and Zip Code	2		
Austin, TX 78735			
Address			
Corporate Center One, 5301 Southwest Pkwy, S	te 400		
Firm/Company			
Registered Agent Solutions, Inc.			- <u></u>
Name of Person			. •
Ashley McMahon			
Please return all correspondence concerning	this matter to the	: following:	
The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.	
Dear Sir or Madam:			
N	lame of Limited	Liability Company	
LS-VEH Eagle Crest LLC SUBJECT:			

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.

. Na . (a)	Principal office address of limited liability company:	Mailing address of limited liability company	
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	4/8/2021	 L210	00163597
	Date of filing/registration in Florida	_ _{4.}	Document number
()	CORPORATION SERVICE COMPANY		
(a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	1201 HAYS STREET		77
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	PT-001 20
	TALLAHASSEE F	32301	
(b)	Registered Agent Solutions, Inc.		· · · · · · · · · · · · · · · · · · ·
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	
	1200 South Pine Island Road		
	NEW Registered Office Address:		
	Plantation F	L ³³³²⁴	

Miek Harbur	Miek Harbur	Authorized Signer	
Signature of a member or authorized representative of a member	Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst, Secretary