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(((H25000216201.3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Fax Number : (323)372-3532

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

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LLC REGISTERED AGENT CHANGE VOLSIGNALS, LLC

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K. SALY

To: Page: 2 of 2 2025-06-17 11:28 44 PDT 13239781209 From Anna Manukvan

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H250002162013)))

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.

2 (4)		(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
	2 S BISCAYNE BLVD SUITE 3200	2 S BISCAYNE	BLVD SUITE 3200
	MIAMI, FL 33131	MIAMI, FL 33131	
	10/25/2022	1.22000458229	
3.	Date of filing/registration in Florida	4. Docum	ment number
5. (a)			
, , , , , , , , , , , , , , , , , , , ,	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC.	f the Florida Dept of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N. STE 300	<u>(ADDRESS)</u>	TALL TO
	ST. PETERSBURG	L	WE TO P
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> LEGALING CORPORATE SERVICES INC.	d Office address:	TALLYMESSITE LOND
	NEW Registered Office Address:	····	
	476 Riverside Ave.		
	Jacksonville, F	L 32202	
change agent w was/wo the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered office and the b iability company, it is hereb of the limited liability comp	ousiness office of the registered by confirmed that the change(s)
Signal	ture of a member or authorized representative of a member	Printed or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completingations of my position as registered agent as providely reflect a change in the registered office address, I I'm writing of this change	ree to act in this capacity performance of my duties, ed for in Chapter 605, F.S. hereby confirm that the lim	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been
S:	Oli Fer		
SHRBBHI	re of Registered Agent		