DOCUMENT# L10000050501

Entity Name: VIRTUAL OUT, LLC

## **Current Principal Place of Business:**

419 W 49TH STREET 216 HIALEAH, FL 33012

## **Current Mailing Address:**

419 W 49TH STREET 216 HIALEAH, FL 33012

## FEI Number: 27-2575747

## Name and Address of Current Registered Agent:

LOPEZ, RAFAEL 419 W 49 ST 216 HIALEAH, FL 33012 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE                     | RAFAEL LOPEZ                             |                 |                  | 02/03/2023 |
|-------------------------------|--|-----------------|------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                  | Date       |
| Authorized Person(s) Detail : |  |                 |                  |            |
| Title                         | MGR                                      | Title           | MGR              |            |
| Name                          | LOPEZ, RAFAEL                            | Name            | YANES, LUIS      |            |
| Address                       | 5035 PALM AVENUE                         | Address         | 5035 PALM AVENUE |            |
| City-State-Zip:               | HIALEAH FL 33012                         | City-State-Zip: | HIALEAH FL 33012 |            |
| Title                         | MANAGER                                  |                 |                  |            |
| Name                          | FIGUEROA, SARAH T                        |                 |                  |            |
| Address                       | 220 W 74 PL<br>518                       |                 |                  |            |
| City-State-Zip:               | HIALEAH FL 33014                         |                 |                  |            |

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: LOPEZ , RAFAEL

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Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date