F2000001458

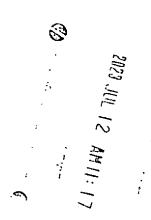
Special Instructions to Filing Officer: J. HORNE	(Requestor's Name)					
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:						
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filling Officer:		(City/State/Zip/Phone #)				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	PICK-UP	WAIT MAIL				
Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	(Business Entity Name)					
Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	(Document Number)					
Special Instructions to Filing Officer: J. HORNE	(2002)					
J. HORNE	Certified Copies Certificates of Status					
J. HORNE	Special Instructions to Fifty Officer					
J. HORNE	Special instructions to	rining Officer.				
J. HORNE						
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JUL 13 2023		JUL 13 2023				

Office Use Only



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SCORETARIAN



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 848707 8419414						
AUTHORIZATION :						
COST LIMIT : \$ 35.00						
ORDER DATE : June 30, 2023						
ORDER TIME : 9:42 AM						
ORDER NO. : 848707-003						
CUSTOMER NO: 8419414						
						
CHANGE OF AGENT						
NAME: VANCRO						
•						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson						
EXAMINER'S INITIALS:						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0. inge is submitted for a corporation orgors or to change its registered office or regi	anized under the law	s of the State of <u></u>	NV	
1. The name of	the corporation: VANCRO, INC.				
2. The principal	office address: 4730 S FORT APACHI				
3. The mailing a	nddress (if different): P.O. BOX 14	63 CASTLE R	OCK, WA 986	611	
4. Date of incorp	poration/qualification: 03/16/2020	Document n	umber:F200000	001458	
	d street address of the current registered rtment of State: (If resigned, enter resigned)		d office on file wit	h the	
	URS AGENTS, LLC				
	3458 LAKESHORE DR.				
	TALLAHASSEE	FL	32312		
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and	/or registered offi	2023 JUL SECRETA TALLAHA	
	1201 Hays Street			100 P	
P.O. Box NOT acceptable					
	Tallahassee	FL	32301	- <u>25</u> 5	
The street address changed will	ess of its registered office and the stree be identical.	et address of the bus	siness office of its	registered agent.	
Such change wa authorited by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of d notified in writing o	irectors or by an c f the change.	officer so	
Xee E. agnie		JILL CILMI, VICI	JILL CILMI, VICE PRESIDENT		
	re of an officer or director		d or typed name and title	e	
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the oling filed merely to reflect a change in a been notified in writing of this change in Service Company	atutes relative to the bligation of my posi the registered office	r proper and com	plete performance agent. Or, if this v confirm that the	
Maco Cokubi		07/11/2023			
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	BY, ASST. VICE PRESIDENT				
1 2	pea or rinned mante				

* * * FILING FEE: \$35.00 * * *