

(((H210001102193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please.\*\* = \$2. annual report mailings. Enter only one email address please.\*\*

Email Address: support@virtual-execs.com

LLC REGISTERED AGENT CHANGE VIRTUAL EXECS COMPANY

THE CAR CARGO	_ <i>H</i>	
Certificate of Status	1	18.75
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MAR 19 2021

M. SOLOMON

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

statement of ch	ange is submitted for a corpe	502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this oration organized under the laws of the State of Delawate	_
		fice or registered agent, or both, in the State of Florida.	
	the corporation: Virtual Execution Virtual Execu	GAN AVE STE 700 UNIT 151, MIAMI BEACH, FL 33139	
3. The mailing	address (if different):		
		7/2021 Document number: F21000000786	
	id street address of the curren artment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)	
	PHILIP BUSH		
	1680 MICHIGAN AVE ST		_
	MIAMI BEACH, FL 33139		
6. The name an (if changed):		egistered agent (if changed) and /or registered office	·. · · ·
	Registered Agents Inc.	- 192 - 1945	
	7901 4th Street N. Ste 300		
	St. Petersburg, FL 33702	P O Box NOT acceptable	
The street addr as changed wil	ress of its registered office a If be identical.	and the street address of the business office of its registered ag	jent.
Such change wanthorized by	vas authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so a last been notified in writing of the change.	
	J. S. B.	Philip Bush	
I hereby accept I further agree of my duties, a Amignent is be	une of an otnee of director  of the appaintment as registe  to comply with the provision  of Lant familier with and a  fing fixed increty to reflect a  pobeen manified in writing of	Printed of typed name shift tule  red agent and agree to act in this capacity,  ms of all statutes relative to the proper and complete perform  accept the obligation of my position as registered agent. Or, if  change in the registered office address, I hereby confirm that  f this change.	ance Othis Othe
1	ignature of Registered Agent	3-17-2021 Date	
If signing on b	ochaif of an entity:		
Bill Havre, Ass	distant Secretary		
	Typed or Printed Name		
	(* r *	FILING FEE: \$35.00 * * *	
	Maritaniakspa	CARLE TO FLORIDA DEPARTMENT OF STATE	

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)