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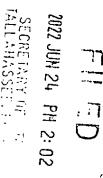
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	J. HORNE				
	SEP 2 0 2022				

Office Use Only



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COVER LETTER

Division of Corporations	
OSCEOLA BUILDING, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
KIRK VON STEIN	
Name of Person	
OSCEOLA BUILDING, LLC	
Firm/Company	
626 OLD DIXIE HIGHWAY SW	
Address	
VERO BEACH, FL 32962	
City/State and Zip Code	
kirk@vscre.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
KIRK VON STEIN 77	778-4885
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
Enclosed is a check for the following amount	:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

1. Na	ame of the limited liability company: OSCEOLA BUI	ILDING. LI.	.C		
2. (a)	626 OLD DIXIE HIGHWAY SW	(b)	626 OLD	DIXIE HIGHWAY SW	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 626 OLD DIXIE HIGHWAY SW		
	626 OLD DIXIE HIGHWAY SW				
	VERO BEACH, FL 32962		VERO BE	EACH. FL 32962	
	01/20/2004	I	.04000005	082	
3. 5. (a)	Date of filing/registration in Florida DOREE FROMBERG	 4.	- · · ·	Document number	
/· (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 2 GROVE ISLE DR.			e:	
	Registered Office Address (MUST BE FLORIDA STREET PH-1, BLDG, 2	"ADDRESS)		_	
	COCONUT GROVE F.	L_33133		2022 SEC TALL	
(b) .	KIRK VON STEIN			7022 JUN 24 PH SECRETARY OF FALL ARIASSEE.	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	626 OLD DIXIE HIGHWAY SW			PH 2:	
	NEW Registered Office Address:			2: 02	
	VERO BEACH	32962		_	
hange igent v	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability con of the limit c limited lia	l office and opposite it is	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	ree to act i e performan ed for in Cl hereby con	n this cape ice of my d apter 605 ifirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				