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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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

Email Address:_

LLC REGISTERED AGENT CHANGE VR HEAVY INDUSTRIES, LLC

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Lelp LEMIEUX JUN 23 2023

To:

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.

| | | | | | | | | | |
|------------|---------------------------------------------------------------------------------------|---------------|-----------------------------------------|-----------|-------------------|----------|-------------|--------------|-------|
| | | (b) |) | | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ,\ | dailing i | iddress (MAY) | of limit | ed liabi | lity com | bany: |
| 2 | 2970 Si John's Avenue, #9E | | 2970 St John's Avenue, #9E | | | | | | |
| j ; | acksonville, F1, 32205 | | Jacksonville, FL 32205 | | | | | | |
| 01 | 1/24/2008 | | L080000088 | 866 | | | | | |
| | Date of filing/registration in Florida | 4. | · · · · · · · · · · · · · · · · · · · | Docur | nent m | ımbei | | | |
| (a) C | ORPDIRECT AGENTS, INC | * | | | | | | | |
| | egistered Agent and Registered Office shown on the records o | f the Florida | Dept. of State | · ·. | | | | | |
| Re | egistered Office Address (MUST BE FLORIDA STREET | 'ADDRESS) | ! | - | | | | | |
| _ | 200 South Pine Island Road | | *************************************** | - | | Ţ., | | 2023 | |
| N | Aiami , F | 1. 33324 | | - | | | | ر_ ت | |
| <i>(</i> | T Corporation System | | | | | | | 52 | |
| En | iter name of NEW Registered Agent and/or NEW Registere | d Office ado | iress: | = | | | -, | | C |
| • | • | | | • | | | • | မျှ - မျှ | - |
| <u>N</u> | EW Registered Office Address: | | | - | | | <u>.</u> *. | 23 | |
| U | 200 South Pine Island Road | | | | | | · | | |
| | Plantation F | | | • | | | | | |
| | <u></u> | L | | | | ٠. | | | |