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(Requestor's Name)					
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(City/State/Zip/Phone #)	_				
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PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)	_				
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Special Instructions to Filing Officer:	ı				
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Clifford I. Hertz (561) 366-5335 clifford.hertz@nelsonmullins.com NELSON MULLINS BROAD & CASSEL ATTORNEYS AND COUNSELORS AT LAW

360 S Rosemary Ave, Suite 1410 West Palm Beach, Ft, 33401 T 561,832,3300 F 561,655,1109 nelsonmullins.com

August 24, 2021

VIA U.S. MAIL

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Registered Agent Form Vintage Building and Design, LLC

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Office and/or Registered Agent form together with a check no. 13627 in the amount of \$25.00 representing the filing fee. Please file the Statement of Change as soon as possible

Should you have any question or concerns, please call at 561-366-5337. Thank you for your assistance.

Very truly yours,

Clifford Hertz

Clifford I. Hertz

CIH:mfm Enclosures

COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	Vintage Building and Design, LLC	3					
Name of Limited Liability Company							
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered C	Office Change and	fec(s) are submitted for filing.				
Please retu	irn all correspondence concerning	this matter to the	following:				
Susan Sche	dler						
	Name of Person	 					
Vintage Bu	ilding and Design, LLC						
	Firm/Company		_				
200 Lindell	Blvd Suite #919						
	Address						
Delray Bea	ch, Florida 33483						
	City/State and Zip Code						
susan@vint	_						
E-ma	ill address: (to be used for future a	nnual report notif	ication)				
For further	information concerning this matte	er, please call:					
Susan Sche	dler	561 at (436.8127				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the followin	ig amount:					
	\$25 Filing Fee	□ S5	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.

. Na	ome of the limited liability company: Vintage Building	and Desig	ın, LLC	C
. (a)		Ch)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	/	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	200 Lindell Blvd Suite #919		200 Li	Lindell Blvd Suite #919
	Delray Beach, FI 33483	-	Delray	y Beach, Fl 33483
	March 13, 2009			L09000025087
	Date of filing/registration in Florida	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of			
(b) <u>.</u>	West Palm Beach , FL Enter name of NEW Registered Agent and/or NEW Registered	33401	iress:	27 PH 2: 21 TARY OF STATE AHASSEE. FL
	NEW Registered Office Address:			
	360 South Rosemary Suite 1410			
	West Palm Beach , FL	33401		
ange (ent w: is/wer	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	registered bility con f the limit limited lia	l office npany, ted liab ibility o	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided i company.
<i>J. J.</i> 3ignatu	re of a member of authorized representative of a member	Susan	Schedle	Printed or typed name of signee
hereby ovisio oblig merel tified	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address, I have in writing of this change.	ee to act i performan for in Ch ereby con	n this c ice of n apter (ifirm th	