L10000065150

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
0 111 1 5 5 6 6							
Special Instructions to Filing Officer:							

Office Use Only



700419060777

11/17/23--01009--020 **25.00

DARSEN TECHNOLOGICAL



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	VITAL HOME INSPECTIONS LLC						
Name of Limited Liability Company							
Dear Sir or Mac	dam:						
The enclosed R	egistered Agent/Registered C	office Change and	fee(s) are submitted for filing.				
Please return all	l correspondence concerning	this matter to the	following:				
Michael Serrano							
	Name of Person						
ZenBusiness Inc.							
	Firm/Company						
336 E. College A	eve. Suite 301						
	Address		_				
Tallahassee, FL 3	32301						
	City/State and Zip Code						
ra@zenbusiness.	.com						
E-mail add	dress: (to be used for future a	nnual report notif	ication)				
For further info	rmation concerning this matte	er, please call:					
Michael Serrano		844 at (493-6249				
	Name of Person		Area Code & Daytime Telephone Number				
Registr Divisio P.O. Bo	g Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclose	ed is a check for the following	ng amount:					
■ \$25	Filing Fee	□ \$:	55 Filing Fee & Certified Copy				

2023 HUY 17 PH 12: 40

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	ume of the limited liability company:VITAL	HO	ME INS	PECTIONS LLC		
2.	(a)	13018 SW 128 ST	(b) 13018 SW 128 ST				
(<u>-</u> ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		MIAMI, FL 33186	_	MIAMI. I	F1. 33186		
		06/17/2010	_	L10000065	150	_	
3.		Date of filing/registration in Florida	4.		Document number	_	
5. (a)	(a)	Suarez, Xenia					
•	()	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)		_		
		13018 SW 128 ST					
		Registered Office Address (ST BE FLORIDA STREET ADDRESS)			_		
		MIAMI FL	- 20				
((b)	ZenBusiness Inc			1 NAST (1882)		
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	
		336 E. College Ave. Suite 301			7 PM		
		NEW Registered Office Address:			28.05 V. F		
		Tallahassee , FL	323	01	_		
cha age was the	nge nt v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers.	egister oility co the lin	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.	ne	
		Xenia Suarez ture of a member or authorized representative of a member			Xenia Suarez	_	
I h pro the to n not	erel visi obli nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I hi	e to act verform for in (creby c	in this cap ance of my Chapter 60, onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and access. F.S. Or, if this document is being file the limited liability company has been	e ot d	