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To:

Division of Corporations Fax Number (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : 1280900808081 Phone : (307)200-2803 Fax Number : (813)436-5206

> **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 VL247, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)				•
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of lumited (<u>Sote: MAY BE POST</u>	Hiability	company	y::
	07/11/11	L110	00080316			
	Date of filing/registration in Florida	4.	Document number			
(a)	FENG, TIMOTHY MEMBER					
	Registered Agent and Registered Office shown on the records of					
	28516 CHIANTI TERRACE					
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	" <u>ADDRESS)</u>			2024	
					HAR	
<u>(b)</u>	BONITA SPRINCS F	L			HAR 29	
(b)	BONITA SPRINCS	L			HAR 29 PH	
(b)	BONITA SPRINGS F Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	L 34135		2+ 21	HAR 29	
(b)	BONITA SPRINGS F Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L 34135		2+ 21 2	HAR 29 PH 4:	
(b)	BONITA SPRINGS F Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	L 34135		2+ 21 2	HAR 29 PH 4:	

If the limited fability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Signature of a member of author	and the second	a member	1	Printed or typed name of signee	<u> </u>
I hereby accept the appoin provisions of all statutes re the obligations of my positi to merely reflect a change i notflyd in writing of this ch	tment as registered lative to the proper on as registered ag n the registered offi tange.	agent and agree to and complete perfo ent as provided for ice address. I hereb	act in this capac rmance of my di in Chapter 605, v confirm that th	city. I further agree to con atics, and I am familiar we F.S. Or, if this document te limited liability compar	mply with the ith and accept is being filed ty has been
/ / / / / / / / / / / / / / / / / / /	Taylor Newman	- Assistant Secreta	гу		
Signature of Registered Agent					
I.	livision of Corpora	tions• P.O. Box 6	327• Tallahasso	ee, FL 32314	

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