

**L12000090341**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TRIPP SCOTT, P.A.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC REGISTERED AGENT CHANGE  
VIRGO ASSET MANAGEMENT & CONSULTING, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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 608.416 or 608.508, 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. Name of the limited liability company: Virgo Asset Management & Consulting, LLC

2. (a) Principal office address of limited liability company: 901 SE 17th Street

☐ (Note: MUST BE STREET ADDRESS) Suite 206  
Fort Lauderdale, FL 33316

(b) Mailing address of limited liability company: 901 SE 17th Street

☐ (Note: MAY BE POST OFFICE BOX) Suite 206  
Fort Lauderdale, FL 33316

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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Dale S Wood

Registered Office Address: 901 SE 17th Street  
Suite 206  
Fort Lauderdale, FL 33316

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Richard Petrovich

NEW Registered Office Address: c/o Tripp Scott, PA  
(MUST BE FLORIDA STREET ADDRESS) 110 SE 6th St, 15th Floor  
Fort Lauderdale, FL 33301

If the limited liability 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.

[Signature]  
Signature of a member or authorized representative of a member

Michael Pirgmann, Managing Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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