

L12000 146 566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

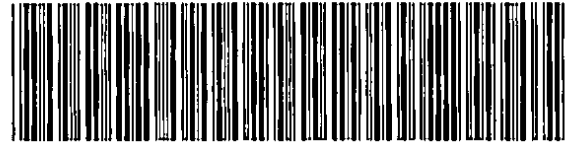
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19 MAY 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 03 2019  
TSCHROEDER

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. Name of the limited liability company: VHEWATT MANAGEMENT, LLC
2. (a) 2545 S. ATLANTIC AVE.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
UNIT 1801  
DAYTONA BEACH SHORES, FL 32118  
11/20/2012
- (b) 2545 S. ATLANTIC AVE.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
UNIT 1801  
DAYTONA BEACH SHORES, FL 32118  
L12000146566
3. Date of filing/registration in Florida
4. Document number

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

2545 S. ATLANTIC AVE., UNIT 1801  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
DAYTONA BEACH SHORES, FL 32118

- (b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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.

Valerie Hewatt  
Signature of a member or authorized representative of a member

VALERIE HEWATT, MGRM  
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 605, 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

FILED  
19 MAY 17 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA