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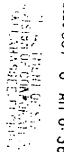
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Virtual Stacks LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the f	following:					
Mahir Abdi Name of Person						
Virtual Stacks, LLC Firm/Company	_					
650 Technology Park	_					
Lake Mary, FL 32746. Sty/State and Zip Code	_					
Sarb @ mkbtechnologu . Coml E-mail address: (to be used for fundre annual report notific	cation)					
For further information concerning this matter, please call:						
Mahir Abdi at 407 Name of Person) 215 - () 320 Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						

☐ \$55 Filing Fee & Certified Copy

Ş \$25 Filing Fee

+ "STÅTEMENT 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. Nan	ne of the limited liability company:	rtval	Stacks	5, LLC
2. (a) <u>fo</u>	50 Technology Park, Lake Many F Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		(b) <u>(650)</u>	Technology Park, Lake Mary FL 32746 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
- - 3. 5. (a) _	10/1/2020 Date of filing/registration in Florida Abdi , Syed M		4.	300062699 Document number
_	Registered Agent and Registered Office shown on the rec Registered Office Address (MUST BE FLORIDA ST 650 Technology Park Lake Mary			2020 OCT -6 AM
_	nter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address: 650 Technology Park	gistered ()	ffice address:	- 6: 36
_	Lake Mary	, FL	3274b	
change of agent will was/were the article	nited liability company is not organized under rehanges are made, the Florida street address II be identical. Or, in the case of a Florida lime authorized by an attirmative vote of the menes of organization or the operating agreement of a member	of the re lited liabil obers of t of the lin	gistered office a lity company, i he limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
provision die obliga to merely notified i	accept the appointment as registered agent and so of all shautes relative to the proper and conditions of my position as registered agent as proveded to the registered office address of the registered office address of the registered of the change.	nd agree nplete per vovided fo ess. I her	to act in this corformance of m or in Chapter 6 weby confirm the	ipacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been