## L13000070407

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(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificates	of Status		
Special Instructions to F				

Office Use Only



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TEC



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/25/2024	
Name:	Patrice Rush	<u> </u>
Reference #	2277966	<u></u>
Entity Name	VIEWPOST MANA	AGEMENT SERVICES, LLC
☐ Article	es of Incorporation/Authorization	n to Transact Business
☐ Amen	dment	
✓ Change	ge of Agent	
☐ Reins	tatement	
Conve	ersion	
Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature: _	(Patole	<u> </u>

F: 800.944.6607

## 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. N	ame of the limited liability company: VIEWP	POST MANA	GEMENT SERVICES, LLC
2. (a)		(b)	
<i>2.</i> (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)
	No Change	No Cl	nange
	May 13, 2013		L13000070407
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	F&L CORP.		
J. (4)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	State:
	ONE INDEPENDENT DRIVE, SUITE 130	0	N3
	Registered Office Address (MUST BE FLORIDA STREE	<del></del>	1024
	SUITE 1300		2024 HAR 25
	JACKSONVILLE	FL 32202-5017	25 ASSE
(b)	COGENCY GLOBAL INC.		1-1LED
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	— 0RIG
	115 North Calhoun St., Suite 4		D D
	NEW Registered Office Address:		<u> </u>
		<del></del>	
	Tallahassee	FL_32301	<del></del>
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered of I liability company, rs of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	dam Maxwell Eliscu	Adam Maxv	
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d'in writing of this change.	agree to act in this c ete performance of r ided for in Chapter ( . I hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
	imothy Mayville		
Signati	ire of Registered Agent		

Timothy Mayville, Assistant Secretary

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

FILING FEE: \$25.00