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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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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HelpDEC 23 2019

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. Na	nme of the limited liability company: VMAN	ITEK,	LLC					
2. (a)	11810 GILMERTON DR.		(b) 11810 GILMERTON DR.					
- . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	RIVERVIEW, FL 33579			RIVERVIEW, FL 33579				
	12/18/13		L1300	00174216				
3.	Date of filing/registration in Florida	4.		Document number	1.2			
5 ()	UNITED STATES CORPORATION AGE	ENTS, IN	IC.					
5. (a)	Registered Agent and Registered Office shown on the reco			State:	_	2		
	13302 WINDING OAK COURT				3			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				• : ;-	DEC		
	A				1 1	C)		
	Tampa	. FL 336	612		··· · ; .	=		
		111			51	19.10:		
(b)	Registered Agents Inc.				•	54		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Offic	e address:					
	7901 4th St N							
	NEW Registered Office Address:	····		,				
	STE 300							
	St. Petersburg	, FL 337	'02					
		<u> </u>			٠			
the cha agent v was/wa	limited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the r ited liabilit bers of the of the limit	egistered of y company, limited liab ed liability	ffice and the business offi it is hereby confirmed th bility company or as other company.	ice of the at the ch	registered ange(s)		
Siana	Riting 12L nurse of a member or authorized representative of a member		Riley Park	Printed or typed name of	sionee			
I here provisi the obi to mer notifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as prely reflect a change in the registered office address of this change.	iniete nerte	ormance of i in Chapter o y confirm th	capacity. I further agree my duties, and I am famil	to compi	ана ассері		