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Division of Corporations

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From:

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Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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T. LEMIEUX

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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 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: \underline{V}	ar Nerc	<u> LL</u>	.C				
	Principal office address of limited liability	company:	(0)		lailing address o	of limited lia	abilny co	mpany:
70.	Note: MUST BE STREET ADDR			7004	(Note: MAY E			
	01 4th St N STE 30			<u> 7901 </u>	4th St	<u>N S I</u>	<u> </u>	<u> </u>
St.	Petersburg FL 337	02		St. Pe	<u>tersburg</u>	FL 3	370	2
			l	_140	00056	684	•	
3.	Date of filing/registration in Flo	rida	4.	•	Document nu			
5. (a)								
Registe	red Agent and Registered Office shown on	the records of the	Florida I	———— Dept. of State	:			
Registe	ered Office Address (MUST BE FLORI	DA STREET ADE	DRESS)					
								
		, F[
_(b) Re	gistered Agents	Inc						
. ,	ame of NEW Registered Agent and/or NE		fice addı			:::::		
70	04 44 01 11					20.	292	
<u>/9</u>	01 4th St N		-			٠	2023 H 1 P	
	Registered Office Address:					:	<u> 2</u>	
ST	E 300						?3	<i>:</i>
_						*1	ď.	<u>.</u>
St.	. Petersburg	, _{fl.} 3	370)2		<u> </u>	PM 12:	
TC-1 1: 1: 1:	Principle.				. 1 1		0	
	liability company is not organized changes are made, the Florida stree							
agent will be i	identical. Or, in the case of a Flori norized by an affirmative vote of th	ta limited liabil	lity con	apany, it is	hereby confi	rmed that	t the cha	ange(s)
the articles of	organization or the operating agree	ement of the lim	ne muu nited lia	bility com	company or pany.	as omerv	vise pro	ovided in
Rebin	· Janey		Rob	in Jones				
Signature of a	member or authorized representative of a r	nember			Printed or typed	l name of si	gnee	
provisions of a the obligation to merely refle notified in wri	pt the appointment as registered as all statutes relative to the proper a s of my position as registered agen ect a change in the registered office iting of this change.	nd complete per t as provided fo e address, I here	rformar or in Ch eby con	ice of my di apter 605, ifirm that th	city. I furthe uties, and I a F.S. Or, if the ne limited lia	r agree to m familia his docum bility com	compler with 6 tent is being the contract to t	y with the and accept peing filed as been
David Sec		- Assistant Se	ecretar	У				
Signature of Reg	gistered Agent							