## 150003899

<del></del>	Requestor's Name)	<u> </u>
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(	Address)	
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	City/State/Zip/Phone #)	
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☐ PICK-UP	WAIT	MAIL
		<b>—</b>
(	Business Entity Name)	·
	Document Number)	
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Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer	·
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_	J. HORNE	
,	JUN 2 3 2022	
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Office Use Only



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2022 JUN 22 AM II: 55
ALLAHASSEE, FLORE



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

Account#: I20000000088

Date:	06/21/2022	
	Merritt Walker	
	1713132	
	viVIE	RA ALF, LLC
	es of Incorporation/Authorizat	ion to Transact Business
_	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other	•	
Authorized A	Amount: <b>\$25</b>	
Signature:	mw	

P: 800.221.0102

F: 800.944.6607

F: +852.2682.9790



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

Account#: 120000000088

Date:_	06/21/2022	
Name:	Merritt Walker	
Refere	nce #: <b>1713132</b>	<u> </u>
Entity N	Name: VIEF	A ALF, LLC
	Articles of Incorporation/Authorizatio	
<i>'</i>	Amendment	
<b>√</b> (	Change of Agent	
	Reinstatement	
	Conversion	
i	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: \$25	
Signatu	ire: mw	

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

1515 Indian River	Blvd, Suite A232,	(b)		
Principal office ad	ldress of limited liability company ST BE STREET ADDRESS)	<i>r</i> :	Mailing address of limite (Note: MAY BE POS	• • •
Vero Beach, Flori	ida, 32960			
June 24, 2015			L15000038999	
	2/registration in Florida	4.	Document number	
WILLIAMS, JOAN	NT			
' <del> </del>	istered Office shown on the recor	ds of the Florida Dept	. of State:	
445 24TH STREE	ΞT			
Registered Office Address	« (MUST BE FLORIDA STR	<u>EET ADDRESS)</u>	·····	. S.
				N
SUITE 300				22 JU ECRI LI :
SUITE 300 VERO BEACH		FL_ 32960		22 JUH 22 ECRETAR
-	BAL INC.	. FL_32960		
VERO BEACH  COGENCY GLOE	BAL INC.	rt		22 JUH 22 PH 3: 1
VERO BEACH  COGENCY GLOE	stered Agent and/or NEW Regis	rt		7 P
VERO BEACH  COGENCY GLOE  Enter name of NEW Regi	stered Agent and/or NEW Regis un St., Suite 4	rt		PH 3: 1

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.

/s/	Joan	Wi	lliams	

Joan Williams

Signature of a member or authorized representative of a member

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.

/s/ Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00