

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000127845 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:	

## LLC REGISTERED AGENT CHANGE **USAPVI LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

From: Kaity Toon

Electronic Filing Menu — Corporate Filing Menu

Help

APR 0 9 2024

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\blacksquare$

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. 8	Same of the limited liability company: USAPVI LLC				
2. (a)	150 SE 2ND AVE STE 505 Miami FL 33131		(b) 308 Presidio Avenue, #2		
(	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		San Franci			
	08/30/2016		1.160001626	112	
3. 5. (a	Date of filing/registration in Florida  VDT CORPORATE SERVICES LLC	4.		Document number	
(b)	Registered Agent and Registered Office shown on the records of 150 SE 2ND AVE	:			
	Registered Office Address (MUST BE FLORIDA STREET A				
	, FL	33131		2024	
	C T Corporation System	7.7. F 11 2024 APR - 8			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±			
				PM	
	NEW Registered Office Address:	6:			
	1200 South Pine Island Road			<i>د</i> ،	
	Plantation FL	33324			
the cli agent was-v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability c of the lin	istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	Aurilo Johas Menezes Datally signed by the dio tehs (Menezer Date 2024 GA 05 1) 16 59-07 50	Mu	rilo Johas Mei		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
I hero proving the ob- to me notific	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I led in writing of this change.	ee to ac perforn d for in hereby c	t in this capo tance of my o Chapter 605 confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	
By:	C r Corporation System   / W 100 /	aity To	on, Asst. S	Secretary	
Signat	ure of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00