## L16000209461

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE APR - 8 2022						
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Office Use Only



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SECRETARY OF STATE

Pact

APR 0 8 2022 10 10 10 10 11 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 601712 8354737							
AUTHORIZATION :							
AUTHORIZATION:  COST LIMIT: \$ 25.00	ノ 						
ORDER DATE : April 7, 2022							
ORDER TIME : 1:14 PM							
ORDER NO. : 601712-003							
CUSTOMER NO: 8354737							
CHANGE OF AGENT							
NAME: VAULT RISK MANAGEMENT SERVICES, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland FXT#							

EXAMINER:

## 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.

I. Na	ame of the limited liability company: VAULT RISK M	MANAGEME	NT SERVICES, LLC		
2. (a)	300 First Ave. South	(b)	(b) 300 First Ave. South  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Ste. 401		
±. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)			
	Ste. 401				
	ST PETERSBURG, FL 33701		ST PETERSBURG,	FL 33701	
	11/16/2016	L	16000209467		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	Popp, Nicholas G.				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State;		
	300 First Ave. S. Ste. 301				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
				ਰ <b>2</b>	
	St. Petersburg	33701		E APR SECRETA	
	. 11			AR A	
(b)				PR-7 RETARY HASSE	
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			E FI	
	Corporation Service Company			Fig. 7	
	NEW Registered Office Address:			<b>8</b>	
	1201 Hays Street				
	Tallahassee , FI	32301			
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the St registered ability com of the limite	office and the busing pany, it is hereby co ed liability company	ess office of the registered nfirmed that the change(s)	
	X et & COUL	Jill Cil	mi, Authorized Perso	on	
Signal	ture of a member or authorized representative of a member		Printed or ty	ped name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I i I in writing of this change.	ree to act in performand d for in Che hereby conf	this capacity. I fur ce of my duties, and apter 605, F.S. Or, i irm that the limited	her agree to comply with the I am familiar with and accept if this document is being filed liability company has been	
<u>)</u>	Drace C-Kuby re of Registered Agent				
Signatur	te of Registered Agent				

Grace E. Kirby, Asst. Vice President of Corporation Service Company