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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

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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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APR 0 7 2020

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	me of the limited liability company: Vapers	Hero, LLC	•		
2. (2062 CILLETO BAY BIVD		_(b) 286	(b) 2862 GULF TO BAY BLVD		
٠ (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE F	SUITE F			
		CLEARWATER, FL 33759	CLE	ARWATER, FL 33759		
		01/16/2017	L170	00012426		
3.		Date of filing/registration in Florida	4.	Document number		
		Lee Davis Law, P.A.				
5.	(a)	Registered Agent and Registered Office shown on the record-	s of the Florida Dept. of	f State:		
		2451 MCMULLEN BOOTH RD. N.		1 State: 2020 APR		
		Registered Office Address (MUST BE FLORIDA STRE.	ET ADDRESS)			
		SUITE 301A		, o .		
		CLEARWATER	FL 33759	MHI0: 34		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	ered Office address:			
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg	FL_33702			
the age was the S	che nt v arti igna ere visi obi	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of sture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	s of the registered of diability companyers of the limited liability the limited liability Riley Par	office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. **K Printed or typed name of signee **s capacity. I further agree to comply with the few duties and Lam familiar with and accept		
ł			tant Secretary			

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