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Division of Corporations

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Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Hectronic Liling Menn Corporate Liling Menn

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 high, in the State of Florida.

Floria					1
1. N	ame of the limited liability company: \underline{V}	SA PRO	<u>DPERTIES</u>	LLC	
2. (a)	SECE VETERANS MEMORI	AL HWY	(b) 3505 VE	ETERANS MEMORIA	LHWY
, , ,	Principal office address of limited liabil (Note: MUST BE STREET ADI		,	Mailing address of limited fiabi (Note: MAY BE POST OF)	ditylcompany:
	SUITE D	·	SUITE		1
	RONKONKOMA, NY 11779	9	RONKO	NKOMA, NY 11779	
	06/23/2017		L17000	136974	
3.	Date of filing/registration in F	lorida	4.	Document number	
5. (a	FINKBEINER, CHET			_	
· ,	Registered Agent and Registered Office shown 4519 SE 16TH PLACE			c	2017
	Registered Office Address (MUST BE FLQ	ORIDA STREET.	ADDRESS)		
	UNIT 109			· 1	
	CAPE CORAL	, F1	<u>33904</u>	!	# ·
(b)				-	## D-4
	Enter name of NEW Registered Agent and/or	NEW Registered	l Office address:	• •	•
	3030 N. Rocky Point	Dr.			
	NEW Registered Office Address:			-	
	STE 150A				
	Tampa	FI	33607		'
the cl agent was/v the ar	limited liability company is not organize thange or changes are made, the Florida si will be identical. Or, in the case of a Florida surface authorized by an affirmative vote of ticles of organization or the operating ag	ed under the la treet address o orida limited li f the members greement of the	ws of the State of Fl f the registered offic lability company, it is of the limited liability climited liability con Riley Park	is hereby confirmed that it company or as otherwimpany.	the change(s)
Sign	nature of a member or authorized representative of	f a member		Printed in typed name of sig	nec
I her provi the o to me notif	reby accept the appointment as registered sions of all statutes relative to the proper bligations of my position as registered as prefy reflect a change in the registered of the writing of this change. Bill Havre	d agent and ag r and complete gent as provide fice address, l	ree to act in this cap reperformance of my ed for in Chapter 60, hereby confirm that at Secretary	pacity. I further agree to duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply with the with and accep ent is being filed pany has been
سب	dure of Registered Agent		, ,		