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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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AUG -7 PH 2:

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LLC REGISTERED AGENT CHANGE VAYGA VISUALS, LLC

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|-----------------------|---------|
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| Page Count | 02 |
| Estimated Charge | \$25.00 |

Y SULKER AUG 1 O ZUZU

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT: LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| Vavga | Visuals, LLC |
|--|---|
| 1. William of the mined habitry company. | (b) 6539 Tabogi Trl |
| 2. (a) 6539 Tabogi Trl Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | |
| WESLEY CHAPEL, FL 33545 | WESLEY CHAPEL, FL 33545 |
| 10/10/2017 | L17000209307 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) UNITED STATES CORPORATION AGE | NTS, INC. |
| Registered Agent and Registered Office shown on the record 13302 WINDING OAK COURT Registered Office Address (MUST BE FLORIDA STRE | |
| A | 2 |
| TAMPA | , _{FL} 33612 |
| (b) Registered Agents Inc. | -7 |
| Enter name of NEW Registered Agent and/or NEW Regist | tered Office address: |
| 7901 4th St N | tered Office address: |
| NEW Registered Office Address: | - |
| STE 300 | |
| St. Petersburg | . FL 33702 |
| agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the memb the articles of organization or the operating agreement o | Riley Park |
| Signature of a member or authorized representative of a member | Printed or typed name of signee |
| the obligations of my position as registered agent as pro- to merely reflect a change in the registered office addre- notified in writing of this change. | d agree to act in this capacity. I further agree to comply plete performance of my duties, and I am familiar with a ovided for in Chapter 605, F.S. Or, if this document is bess, I hereby confirm that the limited liability company has stant Secretary |

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

Signature of Registered Agent