Division of Corporations



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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	me of the limited liability company: VANTAGE SOL	JTH TAL	LAHASSE	ELLC	
2. (a)	{5}			vestern Drive Suite 2	
, ,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	<u> </u>	,	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BON)	
	Sálem NH 03079		Salein N	H 03079	
	12/18/2017		L1700025	7348	
	Date of filing/registration in Florida	4.		Document number	
. (a)	INCORP SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of S	tate:	
	17888 67TH COURT NORTH	67			
	Registered Office Address IMUST BE FLORIDA STREET	2623 JUL - 2			
	LOXAHATCHEE FI	33470	-	<u> </u>	
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dets.	— မဲ့ 05	
	NEW Registered Office Address:				
	1200 South Pine Island Road			<u> </u>	
	Plantation , Fl	33324		_	
he cha gent v vas/we he arti	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regi iability co of the lin r limited	stered off ompany, i nited liabi	ice and the business office of the registered t is bereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signol	ure of a member or authorized representative of a member		**********	Printed or typed name of signee	
rovisi he obl a mere	by accept the appointment as registered agent and ag 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'm writing of this change. CT Cosporation System	ree to ac e perform ed for in e hereby c	t in this co ance of m Thapter 6 onfirm the	spacity. I further agree to comply with the y duties, and I am familiar with and accep 03, F.S. Or, if this document is being filed at the limited liability company has been	
Signatu:	re of Registered Agent Kimberly Bowens, Asst. S	ecretary:			
	Division of Corporations P.O. FILING F			assee, FL 32314	

INR\$18 (2/14)

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