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LLC REGISTERED AGENT CHANGE VIRTUAL-DOCS LLC

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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.

1.	Na	me of the limited liability company: VIRTUAL-DO	CSL	LC		
2.	(a)	Delayer at the second of the s		(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)	
		1226 WALES DR.				
		FORT MYERS, FL 33901	-			
		12/29/2017		L170002	64314	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	LEGALINC CORPORATE SERVICES INC.				
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			− ¢ ;	
		5237 SUMMERLIN COMMONS BLVD STE	400			
		Registered Office Address (MUST BE FLORIDA STREET A	-			
		FORT MYERS	2200	7	-	
		, FL	3390		_	
((b) ROCKET LAWYER CORPORATE SERVIC		ES LI	-C	_	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		155 OFFICE PLAZA DRIVE, 1ST FLOOR				
		NEW Registered Office Address:			-	
			<u> </u>		-	
		TALLAHASSEE ,FL	3230	1	-	
the age was	cha nt w /we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the replication in the contract of the contrac	gistered office company, it is mited liability I liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Sī	an ko	the of a member or authorized representative of a member		BOILA SUN	DLL, AUTHORIZED REPRESENTATIVE Printed or typed name of signee	
I he prot the to m noti	reb fisio obli iere fied	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have ting of this change. X P A S S S F A C C C c of Registered Agent	ee to a perfor I for in hereby	ct in this cape mance of my a Chapter 603 confirm that	cein. I freshay acres to sample with the	

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