L 17000264481

(Requestor's Name)					
(Address)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #1			
(0	yrototo.Z.pri ilott	<i>,</i>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Continued Copies					
Special Instructions to	Filing Officer:				
		in lid			
		10/18			

Office Use Only



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August 17, 2021

VIRTUE CONTRACTING LLC 9456 GENNA TRACE TRAIL JACKSONVILLE, FL 32257

SUBJECT: VIRTUE CONTRACTING LLC

Ref. Number: L17000264481

Our records indicate the registered agent for the above named limited liability company resigned on June 22, 2021 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6823.

Shelia S Young
Regulatory Specialist III
Division of Corporations

Letter Number: 821A00019583

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Virtue Contracting LLC Name of Limited Liability Company						
Dear Sir or Madam:	, ,					
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.					
Please return all correspondence concern	ing this matter to the following:					
Branden Smile Name of Person	- X					
Virtue Centrally Firm/Company	UC					
9456 Gemataee	etror/					
Jacksni The FC City/State and Zip C	32092 Code					
Brandon Smiley 70 (E-mail address: (to be used for futt	ire annual report notification)					
For further information concerning this r	natter, please call:					
Branchen Snile y Name of Person	at (591) 207 -5221 Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following	lowing amount:					
\$\omega\$ \$25 Filing Fee	S55 Filing Fee & Certified Copy					

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: Virtue	Contracting 2	IC		
	4156 Genn traction Jan FL 32	,		etroil Jox FZ, 3225	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	Date of filing/registration in Florida	<u> </u>	Document i	number	
5. (a)	Nathaniel C. Carro	The Florida Barrell			
	Registered Agent and Registered Office shown on the records of 5690 State Registered Office Address MUST BE FLORIDA STREE	16,			
	registered office reduces a province reduces a prov			2021 SEI TALI	
	St. Augustine	TL 320	22	FIL AHAS	
(b)	Braselen Smiley Enter name of NEW Registered Agent and/or NEW Registered			18 AM	
	9456 Genra frace froi! Ja		7) 8: 32 STATE STATE	
	NEW Registered Office Address:	-			
	Jacksont le	FL 32257			
change agent v was/we	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	he registered office Tiability company, i s of the Timited Iiab	and the busine it is hereby cor ility company	ess office of the registered infirmed that the change(s)	
-1				ey	
	ture of a member of authorized representative of a member		i ilitea or iy	p.v.	
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in criting of thir change.	gree to act in this c ie performance of n ded for in Chapter (I hereby confirm th	apacity. I furt ny duties, and i 805, F.S. Or, i at the limited l	her agree to comply with the I am familiar with and accep f this document is being filea liability company has been	
Signati	ire of Registered Agent				