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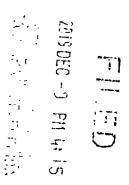
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COVER LETTER

TO: Registration Section **Division of Corporations** Vector Executives LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ryan Hoffman Name of Person Vector Executives LLC Firm/Company 325 Loch Lomond Ave Address Longwood, FL 32750 City/State and Zip Code hoffmr101@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Hoffman 963-8220 423 at (Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 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.

i XI.	Vector Executive				
	ame of the limited liability company: Vector Executives LLC		Vector Executives LLC (b)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 325 Loch Lomond Ave	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Lomond Ave	
	Longwood, FL 32750		Longwoo	d, FL 32750	
	03/12/2019	-	L19000069	9572	
3. 5. (a)	Date of filing/registration in Florida United States Corporation Agents, INC.	4.		Document number	
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 Winding Oak Court, Suite A				
	Tampa , FL	33612		S PH I	
(b)	Ryan Hoffman				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	- 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	Ryan Hoffman				
	NEW Registered Office Address: 325 Loch Lomond Ave			-	
	Longwood . FL	32750		-	
change agent v was/wo	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lim limited l	ed office and impany, it is lited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisio he obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been also of this change.	ee to act perform d for in (hereby co	in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				