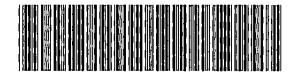
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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificate	s of Status			
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	VALORTON TKO LLC					
		ne of Limited I	Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	ne following:			
Sydn	ey Grice					
	Name of Person		 .			
Ande	rson Business Advisors					
	Firm/Company					
3225	McLeod Drive, #100					
	Address	 				
Las V	/egas, NV 89121					
	City/State and Zip Code					
ra@a	ndersonadvisors.com					
E	-mail address: (to be used for future ann	ual report noti	iification)			
For fur	ther information concerning this matter.	please call:				
Sydne	ey Grice	800 at (7064741			
	Name of Person	at (Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
	Enclosed is a check for the following	losed is a check for the following amount:				
	■ \$25 Filing Fee	□ 9	\$55 Filing Fee & Certified Copy			
INHS18	3 (2/14)		Kreid 10/24/22			

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: VALORTON T	KO LL	.C		
2. (a)	3225 MCLEOD DR SUITE 100	(b	3225 MCLEOD	CLEOD DR SUITE 100 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing add		
	Las Vegas, NV 89121	Las Vegas, NV 89121		89121	
		_			
	05/13/2019		L-19000427991	L19000122987	
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	NORTHWEST REGISTERED AGENT LLC				
J. (U)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u> </u>	. 21	
	7901 4TH ST N STE 300			022 (S	
	ST. PETERSBURG . FL	33702		FIL 2022 OCT 21 SEGRETAL	
(b)	Anderson Registered Agents, Inc.			PH 12: 24	
•	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	dress:	57 72	
	625 E. Twiggs Street, Suite 110			四省 21	
	NEW Registered Office Address:				
	Tampa	 33602			
the cha agent v was/we the arti	imited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of	he regis pility ec the lim imited l	stered office and the empany, it is hereby of ited liability compan	business office of the registered confirmed that the change(s)	
Signat	ture of a member or authorized representative of a member		_	typed name of signee	
provisi the obl to mgre	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided livereflect a change in the registered office address, I have been applied to the control of this change. The control of this change is the control of this change is the control of this change. It	erforme for in C	ance of my duties, än Chapter 605, F.S., Oi	d Lam familiar with and accept : if this document is being filed	

Signature of Registered Agent