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Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE VENDIAQEE LLC

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APR 27 200

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.

Florida	Vandi∆na	e, L	.LC				
	ne of the limited liability company: VEHUIAGE 11927 STILL MEADOW DR						
2. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	CLERMONT, FL 34711	-	CLERM	MONT, FL 3471	.1		
	05/13/19	L19000129404					
3.	Date of filing/registration in Florida	4.		Document num	ber		
F (3)	LEGALINC CORPORATE SERVICES INC.						
5. (a)	Registered Agent and Registered Office shown on the records of the	tate:					
	5237 SUMMERLIN COMMONS						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>		SEC. 3.20		
	SUITE 400		_		A.Z	2020 APR 2	
	Fort MeyersFL	33907		ARY ASSE	t.	1	
(L)	Registered Agents Inc.		E.FLO	AM 10: 07	•		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	_) (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전 (전	: 07			
	7901 4th St N		**-				
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg, FL	3370)2				
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the limited	gistered on company, imited liab	it is hereby confirmation in the company of a company.	med that the southerwise	he char se prov	egistered ige(s)
I here	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	ree to c perfoi d for it hereby	nct in this c mance of t n Chapter (confirm th	capacity. I further ny duties, and I an 605, F.S. Or, if th at the limited liab	agree to n familiar is docume vility comp	comply with a out is be oany ha	with the nd accep ging filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre