49000 184574

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



500433199175

2024 AUG 22 AM 10: 43

2024 AUG 22 AH II: 41
SI GRELLEY EF LEATE
SI GRELLEY EF LEATE

RECEIVED

AB

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195						
	REFERENCE	:	601906	7.84-1.736						
	AUTHORIZATION	:		Theballence						
	COST LIMIT	:	\$ 25.00	" ite						
ORDER DATE :	August 20, 2024		-							
ORDER TIME :	3:03 PM									
ORDER NO. :	601906-024									
CUSTOMER NO:	7841736									
CHANGE OF AGENT										
NAME :	VETERAN EVALU FLORIDA, LLC	ATI(ONS OF							
CERTIE	THE FOLLOWING AS FIED COPY STAMPED COPY	PRO	OOF OF FI	LING:						

EXAMINER:

STATEMENT &F 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.	Name of the limited liability company: V	ETERAN EVAL	UATION	S OF FLO	RIDA, LLC						
2. (a	2/11 Executive Plaza Poad Suite A			(b) 2411 Executive Plaza Road Suite A							
(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)							
				Pensacola, FL 32504							
	07/17/2019		_	L19000184	4574						
3.	Date of filing/registration in F	lorida	4.		Document no	umber					
5. (Registered Agent and Registered Office shown CAPITOL CORPORATE SERVICES, Registered Office Address (MUST BE FLQ	- :: -									
	515 EAST PARK AVENUE 2ND FL										
	TALLAHASSEE	. FL	32301		-		2				
(1	Enter name of <u>NEW Registered Agent</u> and/or	lress:	2024 AUG 22 AM SECRETARY OF TALLAHASSE								
	Corporation Service Company NEW Registered Office Address: 1201 Hays Street					Ö					
					_	AM 10: 43 OF STATE SEE, FL					
	Tallahassee	, FL_	32301								
chan agen was/	e limited liability company is not organize age or changes are made, the Florida street at will be identical. Or, in the case of a Flo were authorized by an affirmative vote of articles of organization or the operating agr	address of the ro orida limited liab the members of	egistere pility con the limi	d office and npany, it is ted liability	I the business hereby confi company or	s office o irmed tha	f the re at the c	egistered hange(s)			
/s/	/s/ Clare Arguedas			Clare Arguedas, Member							
Sig	nature of a member or authorized representative of	a member			Printed or type	ed name of	signee				
prov the o to m	reby accept the appointment as registered isions of all statules relative to the proper obligations of my position as registered agerely reflect a change in the registered officed in writing of this change.	agent and agree and complete pe ent as provided j ice address, I he	e to act erforma for in C ereby co.	in this capa nce of my a hapter 605, nfirm that t	icity. I furthe luties. and I o F.S. Or. if t he limited lia	er agree i am famili this docu ability co	to com ar with ment is mpany	ply with the n and accept being filed has been			
Sign	Grace E. Kin	by, Asst. Vice I	residen	t							

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: \$25.00
CSC 601906