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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE PALO ALTO EXIT LLC

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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			VIT LLO	
l. Na	me of the limited liability company: PALO A	ALIO E	XIT LLC	
2. (a)	27167 BELFAST LN	(b)	27167 BELFAST LN	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	HAYWARD, CA 94542	<u>}</u>	HAYWARD, CA 94542	
	10/22/19	L	19000254979	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC	C .		
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:	
	5237 SUMMERLIN COMMONS			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	SUITE 400			
	FORT MYERS	_{FL} 33907		
(h)	Registered Agents Inc.		2020 OCT	
(1.7	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	ess: 2	
	7901 4th St N		- PI	
	NEW Registered Office Address:		∾ <i>)</i>	
	STE 300			
	St. Petersburg	_{FL} 33702	_	
the cha agent was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of auteof a member or authorized representative of a member oby accept the appointment as registered agent and ligations of my position as registered agent as proviety reflect a change in the registered office address ad in writing of this change.	s of the registed liability con rs of the limit the limited lia Riley	read office and the business office of the registered office and the business office of the registered inpany, it is hereby confirmed that the change(s) red liability company or as otherwise provided in ability company. Park Printed or typed name of signce In this canacity. I further garge to comply with the	

- Assistant Secretary

Bill Havre

Signature of Registered Agent