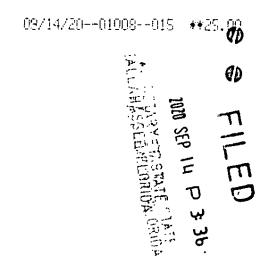
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(Requestor:	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP \ \	WAIT MAIL
(Business E	ntity Name)
(Document Number)	
Certified Copies Co	ertificates of Status
Special Instructions to Filing Officer: Already Manyet 9/19/20	
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10/20/20

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Now 3 VAST LLC Name of I		
Name of 1	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Kristen Diaz		
Name of Person		
VOW & VAST LLE		
Firm/Company		
12518 Evington Point Dr.		
12518 Evington Point Dr. Address		
Rivervious FL 33579		
City/State and Zip Code		
E-mail address: (to be used for future annual rep		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please	call:	
Kristen oizz at (813) 751-4561	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	The Centre of Tahahassee	
Taranassec, TE 52514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amou	ut:	
S25 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.

Name of the limited liability company:	724V \$ WOV	LLC
2. (a) Kristen Diaz	(b)	Kristen Diaz
Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
STORE DE OTREET ADDRESS		(Note: MAY BE POST OFFICE BOX)
12819 Enjoyeten boint or		12519 Evington Point Or
Riverview FL 33679	_	RIVERVICE FL 83579
		g enine
110212020		640 pagooca C2
3. Date of filing/registration in Florida	— <u> </u>	
But of imaginegistration in Florida	₹.	Document number
5. (a) Kristen Dizz		
Registered Agent and Registered Office shown on the records o	of the Florida Dent. o	f State:
	t are Fronta Dept. of	i State.
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
10422 Nightengale Dr		
		7 .
Riverview .F	L <u> 3</u> 75 6 ዓ	——————————————————————————————————————
		. 1
(b)		26
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	o omer address.	90.00 W. V.
		ASS.
NEW Registered Office Address:		
100.0 5.		
12518 Evington Point or	<u> </u>	3.
		<u> </u>
Qiverview FI	_	<i>y</i> - 0'
Eiverview	ւ <u> 3356</u>	
If the limited liability company is not organized under the le		C=1 14 14 1
If the limited liability company is not organized under the la change or changes are made, the Florida street address of the agent will be identical. On in the course of a Florida line in th	ws of the State of	I Florida. It is hereby confirmed that after the
agent will be identical. Or, in the case of a Florida limited li	ability company	it is bereby confirmed that the above vol
mas were authorized by an arrithmanye vote of the mellibers (OI the limited list	MHIV commany or as otherwise previded in
the articles of organization or the operating agreement of the	limited liability	company.
Kan		•
Signature of a member or authorized representative of a member		Printed or typed name of signee
		Finited or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this c	capacity. I further agree to comply with the
the obligations of my position as registered agent as provide	gerjormance of 1. d for in Chapter (nny auties, and 1 am familiar with and accept 605 F.S. Or, if this document is being 61-2
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I i notified in writing of this change.	hèreby confirm th	hat the limited liability company has been
		• • •
KON		
Signature of Registered Agent		