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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 : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE **VALITIFY 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.

1. Na	ime of the limited liability company: Valitify L	LC	
2. (a)		(b)	
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901 4	th St N STE 300
	St. Petersburg FL 33702	St. Pete	rsburg FL 33702
	01/03/2020	L200	000010050
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALCORP SOLUTIONS, LLC Registered Agent and Registered Office shown on the records of 3440 W HOLLYWOOD BLVD. SUITE 415 Registered Office Address (MUST BE FLORIDA STREET)		_ e: _
	HOLLYWOOD ,FI	1. 33021	2022 38.0 17.1
(b)	Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office address:	ARCA APR 14 SECRETARIAN ARCA APR 14 SECRETARIAN APRILATION APPENDING APRILATION APPRILATION AP
	NEW Registered Office Address:		
	STE 300		- 對 · ·
	St. Petersburg	_L 33702	· · 7
signa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	of the registered office liability company, it is of the limited liability entired liability con the limited liability con the limited liability con the limited liability con the limited liability con liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Riley Park Printed or typed name of signee pacity. I further agree to comply with the
the obline notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change. Bill Havre - Assista	ed for in Chapter 60. Thereby confirm that nt Secretary	5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registered Agent	ŗ	