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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 : (813)436-5206

Eff⊈ex the email address for this business entity to be used for future புத்திnual report mailings. Enter only one email address please.\*\* ಟ್ಟ್ 🏗 Email Address:\_\_

## LLC REGISTERED AGENT CHANGE VIBITION LLC

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M. SOLOMON MAR 2 6 2024

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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. N	ame of the limited liability company: WBITION CCC		<del></del>		_
2. (a)			(b)	A	_
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7050 SUNSET DR. S UNIT 803		7050 SUN	SET DR S UNIT 803	
	SOUTH PASADENA. FL 33707	<del></del>	SOUTH PA	ASADENA, FL 33707	_
	03/03/2020		L200000670	92	
3.	Date of filing/registration in Florida	- 4.		Document number	_
<b>r</b> ()	LEGALING CORPORATE SERVICES INC				
5. (a)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Flori	da Dept. of Stati	-	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>58)</u>	7924 F. IR	
	JACKSONVILLE	32202		78 25	
	Registered Agents Inc				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N			 23	
	NEW Registered Office Address;			-	
	STE 300			-	
	St. Petersburg	33702			
the ch agent was/w the an	limited 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	ows of the function of the limited here.	e State of Flogistered offici- company, it i mited liabilit I liability con- ioin Jones	e and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee	
I hero provis the ob to mer notific	by accept the appointment as registered agent and agions 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.			acity. I further agree to comply with the duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been	e pt d
J)0	vid X doens David Roberts - Assistant S	Secretary			