[20000 88 212

| (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 |
| |
| |
| LMils |

Office Use Only



400435075384

08/21/24--01016--015 **25.00

COVER LETTER

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
|---|--------------------------------------|--|--|--|--|
| Please return all correspondence concerning this matter to the following: | | | | | |
| | - | | | | |
| Dolores T. Shares | | | | | |
| Name of Person | | | | | |
| Werb? Sullivan | | | | | |
| Firm/Company | | | | | |
| | | | | | |
| 1225 N. King Street, Suite 600 | | | | | |
| | | | | | |
| Wilmington, DE 19801 City/State and Zip Code | | | | | |
| City/state and Zip Code | | | | | |
| | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Dolores T. Shares at (30 | 02 528.7725 | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | |
| Mailing Address: | Street Address: | | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | |
| | Tallahassee, FL 32303 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | | |
| [NHS18 (2/14) | Service Service 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.

| 1. Na | me of the limited liability company: | Viw à | ROG LLC | |
|------------|---|---------------------------|---|------------------|
| 2. (a) | | (b) | | |
| • • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liabi (Note: MAY BE POST OF) | |
| | | | | |
| | 7/2/2020 Date of filing/registration in Florida | Lac | 00001882- | 7ユ |
| 3. | Date of filing/registration in Florida | 4. | Document number | . <u>-</u> |
| 5. (a) | Sullivan Brian A. | | | : |
| | Registered Agent and Registered Office shown on the records of the | ne Florida Dept. of State | - e: | • |
| | 2135 Windward Way | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | - | |
| | # 206 | | _ | |
| | Vero Beach, FL .FL | 32963 | | |
| (b) | Sullivan Brian A. | | • | - <i>:</i> |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office address: | - | |
| | 203 RIVEWAY Drive | | | |
| | NEW Registered Office Address: | | • | |
| | | | | |
| | Vero Beach, FL. | 32963 | | |
| If the lin | nited liability company is not organized under the laws | s of the State of Flo | rida, it is hereby confirme | d that after the |
| change (| or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab | egistered office and | the business office of the | registered |
| was/wei | e authorized by an attirmative vote of the members of | the limited liability | company or as otherwise | provided in |
| L | les of organization or the operating agreement of the li | mited hability comp | -Sallvan | |
| Signatu | re of a member or authorized representative of a member | Driagin | Printed or typed name of signed | <u>-</u> |
| the oblig | accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete po- cations of my position as registered agent as provided to wroffect a khange in the registered office address. I he in writing of this change. | a to ant in this was | wine 1.6 and | |
| Signature | of Registered Agent | | | |