## 5/7/2021

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001855173)))



Note: DO N	OT hit the REFRESH/RELOAD button on your browser fr Doing so will generate another cover sheet.	om this page 2021
To:	Division of Corporations	
	Fax Number : (850)617-6383	

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

: (844)386-0178

Fax Number

From:

: (214)317-4754

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

Rmail Address:				
	Rmail	Address:	 	

## LLC REGISTERED AGENT CHANGE **VALERBY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



(((H21000185517 3)))

## F 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 XI.	VALERBY LLC						
1. :Ni 2. (a)	ime of the findled habitity company.						
2. (a)	Principal office address of limited liability company  (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company (Note: MAYBE POST OFFICE BOX)			
	1965 S OCEAN DR 9						
	HALLANDALE BEACH, FL 33009		HALLAND	DALE BEACH, I	FL 33009	)	<del>_</del>
	07/06/2020	L	.200001902	88			
3.	Date of filing/registration in Florida	<del>-</del> 4		Document num	iber		
e (~)							
5. (a)	Registered Agent and Registered Office shown on the records of MINETS, VALERY	of the Florida I	Pept of State		- :	1.771	eng s
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		•	. :	17:	L <u>E</u>
	1965 S OCEAN DR 9			_		Ċ	1
	HALLANDALE BEACH , I	33160 FL					
(b)	Enter name of NEW Registered Agent and/or NEW Register			_			
•	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	<u>ress</u>				
	LEGALING CORPORATE SERVICES INC.			_			
	NEW Registered Office Address	<u> </u>					
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			-			
	FORT MYERS	FL		_			
chang agent	limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	ne registere liability cor s of the limi	npany, it is ited liabilit	s hereby confir y company or a	med that	t the c	hange(s)
		VAI	LERY MIN	ETS			
Sign	nature of a member or authorized representative of a member			Printed or typed			
the or	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi grely reflect a change in the registered office address, tied in writing of this change.	igree to act ete performa ded for in C I hereby co	in this cap ince of my hapter 602 infirm that	acity. I further duties, and I ar 5, F.S. Or, if th the limited liab	agree to in familio is docur pility con	o com ar wit nent i npany	ply with the h and accep s being filed has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent