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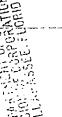
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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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



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LLC REGISTERED AGENT CHANGE **VEV TRANSPORT LLC**

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Help

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	ame of the limited liability company: VEV Transport LL	_C		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			· · · · · · · · · · · · · · · · · · ·	
	08/25/2020	L200002	263495	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	476 RIVERSIDE AVE.			
	JACKSONVILLE FL	32202		
(b)	Registered Agents Inc		TALLAHASSELT GAID	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- SSELLY PH	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered o lability company, of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	ture of a member of authorized representative of a member	Robin Jones		
			Printed or typed name of signee	
provisi the obj to mer natifie	by accept the appointment as registered agent and agions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
havid Tod	David Roberts - Assistant S	ecretary		

Signature of Registered Agent