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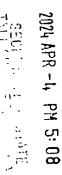
(Requestor's	Name)		
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PICK-UP W	/AIT MAIL		
(Business Er	ntity Name)		
(Document Number)			
Certified Copies Ce	rtificates of Status		
Special Instructions to Filing Officer:			
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COVER LETTER

Via Veritas. LLC SUBJECT:	
Name of Limited L	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	: following:
Kylie Conrad & Kayla King	
Name of Person	
Corp I. Inc.	
Firm/Company	_
7700 E Arapahoe Rd Ste 220	
Address	
Centennial, CO 80112	
City/State and Zip Code	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Kylie Conrad 720	\$23-9273)
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filling Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

7

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

7

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: Via Veritas, LLC			23333
2. (a)	17501 BISCAYNE BLVD	_	(b)	SCAYNE BLVD
L. (H)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: tNote: MAY BE POST OFFICE BOX)
	STE 300		STE 300	
	AVENTURA, FL 33160	_	AVENTU	RA, FL 33160
	04/13/2021		L21000154	1224
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
<i>3.</i> (w)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Flori	da Dept. of Stat	7024 TAI
	Registered Office Address (MUST BE FLORIDA STREET)	DDRE.	55)	R-L
	TALLAHASSEE , FL	32301-	2525	TALLUM PR -4 PH 5: 08
(b)	Registered Agents Inc			<u>.</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	iddress:	3 6
	7901 4th St N			_
	NEW Registered Office Address:			
	Ste 300	<u> </u>		_
	St. Petersburg , FL	33702		•••
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of f the li	red office an company, it i mited liabilit	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
	ohen Vecchitto	St	ephen Vecchit	
I here provis the obi to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr 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 l d'in writing of this change.	ee to a perfori l for in pereby	ct in this cap nance of my Chapter 602 confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
-	AVID ROBERTS			
Signatu	ire of Registered Agent			

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