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COVER LETTER

Division of Corporations		
SUBJECT: Vangregor Digital Menne of Limited Lia	arketing Agency bility Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
NICOLE Gregory Name of Person VALORANDO E DIO HOL MONOR	- As on	
Vargregor Diastal Marketing Agency.		
522 Wilton Circle Address	_	
Santod FL 3277-3 City/State and Zip Code	_	
MCOLGregon Q Vangregor. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
NICOLE Gregory at (321)	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	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: Vanarcaor Diaital Ma	Keting Agence
522 Multon Cal	
2. (a) 22 VVIII Of UrCL (b)	limited liability company:
• • • • • • • • • • • • • • • • • • • •	E POST OFFICE BOX)
Santord FL 32773	
5/20/2021	
3. Date of filing/registration in Florida 4. Document num	nber
5. (a) Trevor Rowley Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
\tilde{o} \wedge	
NC Authority Kit Registered Office Address (MUST BE)FLORIDA STREET ADDRESS)	
390 North Drange are STE2300	
Orlando .fl 32801	
(b) NCOL Graon	-3
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2021 HAY)
502 Without Cilla	
NEW Registered Office Address:	جې
Registered Office Address.	37°
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(our forced 32777	ය. ස
$\underline{\underline{San}}$. ω
If the limited liability company is not organized under the laws of the State of Florida, it is herel	by confirmed that after the
change or changes are made, the Florida street address of the registered office and the business agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmation of the registered office and the business of the registered	med that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or a	s otherwise provided in
the articles of organization or the operating agreement of the limited liability company.	PC0.00
Signature of a member of authorized representative of a member Printed or typed	name of signce
I hereby accept the appointment as registered agent and agree to act in this capacity. I further	agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th	n familiar with and accept is document is being filed
to merely reflect a change in the registered office address. I hereby confirm that the limited liab notified in hypering of this change.	ility company has been
WINIO DAS	
Signature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	,

FILING FEE: \$25.00

INHS18 (2/14)