L21 000 237 087

(Requestor's Name)				
(Address)				
(Address)				
, was to				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations			
VIVID LABS, LLC SUBJECT:			
Strateer,	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registe	ered Office Change a	nd fec(s) are submitted for fi	ling.
Please return all correspondence conce	rning this matter to the	ne following:	
Vlad Gataullin			
Name of Perso	n		
VIVID LABS, LLC			
Firm/Company			
2000 South Ocean Drive, Unit 34B			2024 HAY 28 SECRETAR TALL AHA
Address			MY 2
Hallandale Beach, FL. 33009			*****
City/State and Zip	Code		PH 8: 02
vladgataullin@gmail.com			02 VIE
E-mail address: (to be used for fu	ture annual report no	tification)	
For further information concerning this	matter, please call:		
Vlad Gataullin	786 at (7814636	
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 Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et. Suite 810
Enclosed is a check for the fo	llowing amount:		
■ \$25 Filing Fee	۵	\$55 Filing Fee & Certified (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. N	ame of the limited liability company: VIVID LABS, LI	I.C 	
2. (a)	2000 South Ocean Drive, Unit 34B	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hallandale Beach, FL, 33009	_	
	05/21/2021	1,21000;	237087
3. 5. (a)	Date of filing/registration in Florida VCORP SERVICES, LLC	4.	Document number
'. (a)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	PLANTATION, FL	33324	
(h)	Vlad Gataullin		FI II 2024 HAY 2 SECRETAL TALL AH
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 17 2 T
	2000 South Ocean Drive, Unit 34B		A S 2 P
	NEW Registered Office Address:		H 8: 02
	Hallandale Beach, FL	33009	
nange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the h	registered office bility company, i f the fimited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
he obli mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	ve to act in this co performance of n for in Chapter 6 ereby confirm th	apacity. I further agree to comply with the w duties, and I am familiar with and accept 305, F.S. Or, if this document is being filed at the limited liability company has been

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

Signature of Registered Agent