

To: +18506176383

Page 1 of 3

2021-09-28 13:35:36 GMT

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From: ADVOS legal pllc

9/28/21 9:32 AM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6393

From:  
Account Name : ADVOS LEGAL PLLC  
Account Number : 120150000093  
Phone : (904)567-5311  
Fax Number : (904)339-9504

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 SEP 28 AM 10:17

LLC REGISTERED AGENT CHANGE  
VAPTR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 29 2021  
A. LUNT

Electronic Filing Menu Corporate Filing Menu Help

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ALLAHASSET, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VAPTR, LLC

\_\_\_\_\_  
Name of Limited Liability 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:

Kristen Hansen

\_\_\_\_\_  
Name of Person

ADVOS Legal pllc

\_\_\_\_\_  
Firm/Company

5000 Sawgrass Village Circle, Ste 7

\_\_\_\_\_  
Address

Ponte Vedra Beach, FL 32082

\_\_\_\_\_  
City/State and Zip Code

kristen.hansen@advoslegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hansen

904

567-5311

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11S18 (2/14)

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 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 2021 SEP 28 AM 10:17

((H21000362206 3))

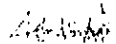
## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*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: VAPTR, LLC
2. (a) 130 CORRIDOR RD., #3157  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
PONTE VEDRA BEACH, FL 32004
- (b) 130 CORRIDOR RD., #3157  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
PONTE VEDRA BEACH, FL 32004
3. 06/18/2021  
Date of filing/registration in Florida
4. L21000285854  
Document number
5. (a) STEWART, JUSTIN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
224 SEAMIST COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PONTE VEDRA BEACH, FL 32082
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
130 CORRIDOR RD., #3157  
NEW Registered Office Address:  
PONTE VEDRA BEACH, FL 32004

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
2021 SEP 28 AM 10:17

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

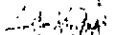


Signature of a member or authorized representative of a member

JUSTIN STEWART

Printed or typed name of signer

*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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Signature of Registered Agent