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(Requestor's Name)						
(Address)						
(Áddress)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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SECTION AND SERVICE STATE

·: (18)

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	VSSC 2021 LLC				
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning	this matter to the	e following:		
Pamela E	Cocleston				
	Name of Person		_		
Ecclestor	n International tax				
	Firm/Company				
209 Palm	netto Street, Suite #1				
	Address				
Auburnd	ale, FL 33823				
	City/State and Zip Coc	le			
info@ecc	cleston.tax				
E-r	mail address: (to be used for future	annual report not	ification)		
For furth	ner information concerning this mat	ter, please call:			
Pamela E	Eccleston	407 at (530 0124		
	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 follow	ing amount:			
	S25 Filling Fee		\$55 Filing Fee & Certified Copy		
INHS18	(2/14)				

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.

ł.	Na	me of the limited liability company: VSSC 2021 LLC			<u> </u>
ว	(a)	C/O Eccleston International Tax		(b) <u>9 King</u> La	ine, PO Box 130
-	, ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		209 Palmetto Street		Hampton	
		Auburndale, FL 33823		ON, Cana	da L0B 1J0
		08 13 2021		L21000365	077
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Kissimmee			
٥.	(4)	Registered Agent and Registered Office shown on the records of 1201 Hays Street	f the Flor	ida Dept. of Sta	te:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202 1
		Tallahassee , F	L_32301		FIL 2021 SEP -7 SEGNE AND TALLEANAS
(b)	(b)	Eccleston International Tax	- 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7		
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		209 Palmetto Street, Suite # 1			9:30 STATE STATE
		NEW Registered Office Address:			(D
		Auburndale	L_33823		_
ch ag wa	ange ent v is/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members teles of organization or the operating agreement of the ward.	iws of the register iability of the left imited	he State of Flored office are company, it imited liabili	nd the business office of the registered— is hereby contirmed that the change(s) ty company or as otherwise provided in
_;	Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
pr the to no	ovisi 2 obl mer tified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to a e perfor ed for it hereby	ict in this cap mance of my 1 Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been