Division of Corporations



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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE VP GATHERING LLC

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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 hability 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: VP GATHERING	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/01/22		537
3.	Date of filing/registration in Florida	4.	Document number
5. (a) (b)	LANCHEROS, ADRIANA		
	Registered Agent and Registered Office shown on the records of 1650 N UNIVERSITY DR.	the Florida Dept, of Sta	ta.
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2024 HAR 26 F
	PEMBROKE PINES . FL	33024	_
	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 8: - 53
	7901 4th St N		
	NEW Registered Office Address:		_
	STE 300		_
	St. Petersburg , FI.	33702	_
the ch agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the registered office ability company, it if the limited liability.	se and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ature of a member or autiforized representative of a member	Robin Jones	
			Printed or typed name of signee
There provis the ob to mei notific	by accept the appointment as registered agent and agrifons 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 is din writing of this change.	we to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been
	David Roberts - Assistant S	ecretary	
Signati	are VI Registered Agent		