L21000518 580

(1	Requestor's Name)	
()	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
<u> </u>		L
(1	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to F	filing Officer:	

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CORPORATE ACCESS, ___

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	STATEMENT OF CHANGE
_	VILLAVEST HOLDINGS	
	(CORPORATE NAME AND DOCUM	MENT #)
2.		
	(CORPORATE NAME AND DOCUM	MENT #)
3		
	(CORPORATE NAME AND DOCUM	MENT #)
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ı	CORPORATE NAME AND DOCUM	AENT #)
SPECIAL		

COVER LETTER

_	istration Section sion of Corporations						
SUBJECT:	Villavest Holdings LLC						
	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.				
Please return	all correspondence concerning	g this matter to the fo	ollowing				
Stephen Snyd	er						
	Name of Person		_				
Chester Partn	ers						
	Firm/Company		-				
455 NE 5th A	venue D-373						
	Address		_				
Delray Beach	,FL 33484						
	City/State and Zip Cod	le	_				
sfs@chesterpa	artners.com						
E-mail	address: (to be used for future	annual report notific	ation)				
For further in	nformation concerning this mat	tter, please call:					
Stephen Snyd	ег	.561 at (276-4044				
	Name of Person		Area Code & Daytime Telephone Number				
	ling Address:		Street Address:				
	stration Section		Registration Section				
	sion of Corporations		Division of Corporations				
	Box 6327		The Centre of Tallahassee				
1 a.118	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the follow	ing amount:					
■ \$ 2	25 Filing 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.

1. N	ame of the limited liability company: Villavest Holdin	gs LLC			
2. (a)			/h \		
(- <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	115 SE 4TH AVENUE			455 NE 5t	h Avenue D-373
	Delray Beach, FL 33483	_		Delray Be	ach; FL 33483
	12/08/2021		L	.21000518:	580
3.	Date of filing/registration in Florida	- 4.	-		Document number
5. (a)					
· ()	Registered Agent and Registered Office shown on the records of	the Flori	da l	Dept. of Stat	
	Wells & Wells PA				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)		_
	901 Ponce de Leon Blvd. #200				
	Coral Gables	. 33134			_
	Coral Gables , FI				-
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered			ress:	-
	Corporate Access, Inc				
	NEW Registered Office Address:		_		_
	236 East 6th Avenue				
	230 Cast our Avenue				_
	Tallahassee	32303			
					-
If the l	imited liability company is not organized under the late or changes are made, the Florida street address of the	ws of th	e S	tate of Flo	orida, it is hereby confirmed that after the
agent v	will be identical. Or, in the case of a Florida limited li	ability c	юπ	pany, it is	s hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the li	mit	ed liability	y company or as otherwise provided in
tiic aiti	Dr.A.			en Snyder	ipany.
Signa	ture of a member or authorized representative of a member		·p···	on onyde.	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agricons 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 do not not not not not not not not not no	ree to ac perforn d for in hereby c	ct ii nan Ch con	n this capa ace of my a apter 605 firm that i	acity. I further agree to comply with the
Signatu	re of Registered Agent				