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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC REGISTERED AGENT CHANGE VIRTUELLE ASSISTENZ SCHWEIZ LLC

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1/15/2025 @:13:50 P8T To: 18506176383 Page; 2/2 Fax: 8134365206

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: VIRTUELLE ASS	ISTENZ SCHWEIZ	LLC
2. (a)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	01/01/22	L2200000	1846
١.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENTS INC		
(b) _	Registered Agent and Registered Office shown on the records of	the Florida Dept, of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	7901 4TH ST N STE 300		
	ST. PETERSBURG FL	33702	_
	Northwest Registered Agent LLC		_
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		APPI POZ5 JAN 1 BORGIA MILAMAS
	NEW Registered Office Address:		- <u> </u>
	STE 300		
	St. Petersburg	33702	
he cha gent v vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
14 1	V SWY V	Nat Smith	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
herei rovisi he obl o mere otifiye	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I lid in writing of this change. Taylor Newman - Assistant Se		spacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
1	Taylor Newman - Assistant Se	cuciary	

Signature of Registered Agent