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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARKER WILLIAMS, PLLC

Account Number : I20170000030 Phone : (850)308-7033 Fax Number : (850)308-7115

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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LLC REGISTERED AGENT CHANGE **ASL VERISUN LLC**

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE				
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concernin	g this matter to the	following:	
Farrer	i. Barker			
	Name of Person			
Barker	Williams, PLLC			
	Firm/Company			
60 Clay	cion Lanc			
•	Address			
Santa F	Rosa Beach, FL 32459			
-	City/State and Zip Co	de		
sandy)	mcoln07@gmail.com			
1,	-mail address; (to be used for future	annual report not	fication)	
For fu	ther information concerning this ma	itter, please call:		
Farrer	J. Barker	850 at (308-7033	
	Name of Person	<u> </u>	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	ving amount:		
	■ \$25 Filing Fee	9	\$55 Filing Fee & Certified Copy	

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: ASL Verisun, l	.LC			
<u> </u>	Frincipal office address of limited hability company (Note MUST BE STREET ADDRESS)	`. ·` ~~	Mailing address of limited liability company (Note MAYBE POST OFFICE BOX) 4864 Kettle River Point		
	40 Elysee Court	4			
	Inlet Beach, FL 32461	5			
	04/20/2022	1.2	.22000190803		
3.	Date of filing/registration in Florida	4.	Document number		
5 (-1					
5. (a))	of the Florida D	Dept of State		
	Ashby A Lincoln, IV		•		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESSI			
	40 Elysee Court	A AMERICAN CO.			
	Santa Rosa Beach	FL 30459	. 2		
			022		
(b)					
	Enter name of NEW Registered Agent and/or NEW Register	Ten T			
	Corporation Service Company	APPROVIL AND FILED 2022 JUN -6 AN II			
	NEW Registered Office Address		· · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street		27		
	Tallahassee	32301			
chang agent was/w was-ser	limited liability company is not organized under the e or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member tiples of arganization or the operating agreement of the limitals.	laws of the St he registered liability com is of the limite he limited liab Sandra	State of Florida, it is hereby confirmed that after the doffice and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
I here provis the ob- to me notific	why accept the appointment as registered agent and a common of all statutes relative to the proper and completifications of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change.	ngree to act in the performan ded for in Chi I hareby com	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605. F.S. Or, if this document is being filed aftern that the limited hability company has been		