L22000328726

	(Requestor's Name)
	(Address)

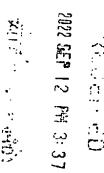
	(Address)
	(City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
 	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:

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A. BUTLER SEP 1 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 873327 8386944							
AUTHORIZATION: Spelle man							
COST LIMIT : \$25.00							
ORDER DATE: August 9, 2022							
ORDER TIME : 2:47 PM							
ORDER NO. : 873327-001							
CUSTOMER NO: 8386944							
CHANGE OF AGENT							
NAME: VICENTE SALAS AND SONS II, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							

EXAMINER:

· 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.

Nε	ame of the limited liability company: _	VICENTE SAL	AS AND	SONS I	I, LLC
(a)	1671 S WOLFE RD				S WOLFE RD
•	Principal office address of limited liab (Note: MUST BE STREET AD		(\)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUNNYVALE, CA 94087		_	SUNN	YVALE, CA 94087
	07/25/2022			L22000:	328726
	Date of filing/registration in F	Florida	4.	,	Document number
(a)	EDGAR SALAS				
	Registered Agent and Registered Office shown 341 73RD ST_FL	on the records of the	he Florida I	Dept. of S	
	Registered Office Address (MUST BE FLO	ORIDA STREET A	DDRESS)		ECRETAIN
	MIAMI BEACH	, FL	33141		<u></u>
o) _	Corporation Service Company			MH ID: 5:	
	Enter name of NEW Registered Agent and/or	NEW Registered (Office add	'ess':): 5:3 File File
	1201 Hays Street				
	NEW Registered Office Address:				-
	Tallahassee		32301		
ge e Lwi wer	or changes are made, the Florida street ill be identical. Or, in the case of a Flo	d under the laws address of the re rida limited liab the members of	of the Segistered	office a pany, it ed liabili	lorida, it is hereby confirmed that after nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	Men		Edgar	Salas	
ıatu	re of a member or althorized representative of	a member			Printed or typed name of signee
sioi blig erel	ns of all statutes relative to the proper	and complete pe	rtorman	e of my	pacity. I further agree to comply with the duties, and I am familiar with and acce 15, F.S. Or. if this document is being file the limited liability company has been

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