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## COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Vafy LLC		
1000,1.0	Nam	e of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please reti	irn all correspondence concerning thi	s matter to t	he following:
Szilvia P	Pasztor		
	Name of Person		<del></del>
Vafy LL0			
	Firm/Company		<del></del>
1341 To	moka Town Center Drive Apt.	#307.	
	Address		<del></del>
Daytona	Beach, FL, 32117		
	City/State and Zip Code		<del></del>
-	ning@gmail.com		
E-m	ail address: (to be used for future and	iual report n	otification)
For furthe	r information concerning this matter.	please call:	
Szilvia F	Pasztor	386	281 2697
	Name of Person		Area Code & Daytime Telephone Number
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301		MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
E	nclosed is a check for the following	g amount:	
	1 \$25 Filing Fee	¥	1 855 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. Na	une of the limited liability company: Vafy LLC						
		(1	b)				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS			
	1341 Tomoka Town Center Drive Apt. #307	7	1341	Tomoka Town Cen	iter Dri	ve Api	t. #30
	Daytona Beach, FL, 32117	<del>-</del>	Dayto	ona Beach, FL, 321	17		
	August 01, 2022		L2200	0339296			
3.	Date of filing/registration in Florida	_ 		Document number			
5. (a)					5.5	~	
· (,	Registered Agent and Registered Office shown on the records of Szilvia Pasztor, Vafy LLC	the Florid	la Dept. of	State:	TALLAHASSEL	2022 SEP	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>	<del></del>	Ĭ	26	HARMAN AMARIAN M
	1341 Tomoka Town Center Drive Apt. #307	7			SS		
	Daytona Beach , FI	32117	•			AM 11: 50	
(b)					L	50	
(11)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ddress:				
	NEW Registered Office Address:						
	627 N. Grandview Ave. Suite #218	<del></del>		- Abree-			
	Daytona Beach, FI	32118	3				
the cha agent v was/we the arti- Signa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members deles of organization or the operating agreement of the law Payor  ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the reginability confidence of the limited Sz	istered of ompany, mited liability illuia Pa	fice and the business of it is hereby confirmed bility company or as officempany.  Sztor  Printed or typed name capacity. I further avra	of signee	the reg change provide	istered (s) ed in
nouției	ions 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 d in writing of this change.	d for in hereby c	Chapter confirm ti	605, F.S. Or, if this do hat the limited liability	cument compan	is being y has b	g filed een

Signature of Registered Agent