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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Phone

\*\*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 VORO CALIFORNIA LLC

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T. LET., DUX JAN 26 2023

## 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	ame of the limited liability company: Voro California		
2. (a)		(b)	
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	433 PLAZA REAL STE 275	433 P	LAZA REAL STE 275
	BOCA RATON, FL 33432	BOCA	N RATON, FL 33432
	10/24/2022	1.22000	456004
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
.7. (a)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	Ethe Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 801 US Highway 1	ADDRESS)	
	North Palm Beach . FI	33408	2023
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Veorp Services, LLC		UAN 25 AH
	NEW Registered Office Address:		<del></del>
	1200 South Pine Island Road		39 
	Plantation, FI	_33324	
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of registered office ability company, of the limited liab limited liability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ny Meeker ture of a member or authorized representative of a member	Printed or typed name of signee	
I herei provisi the obl to merc	by accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	performance of d for in Chapter	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
•	Tany Meeker Tiffany Meeker, Attorney-in-Fact		
Signatu	re of Registered Agent		