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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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LLC REGISTERED AGENT CHANGE VT BROTHERS, LLC

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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.

. (a)		(b)			
	Principal office address of limited liability company:	·		Mailing address of limited li	ddress of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>) 3100 SE FEDERAL HIGHWAY		3100 SE E	<i>(<u>Note: MAY BE POST 0</u></i> EDERAL HIGHWAY	IFFICE BOX)	
				EDERAL INGILIAR I		
	STUART, FL 34994		STUART.	FL 34994		
	01/04/2023	;	L23000010	147		
	Date of filing/registration in Florida	4.		Document number		
. (a)	SUNBURST VENTURES FLORIDA II, LLC			70	20	
• •	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State		2023 6= 5	
				_	<u>ස</u>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20		
	102 S C STREET				<u> </u>	
(0)_	LAKE WORTH BEACH	FL 33460			AM 11: 26	
	Registered Agents Inc.	•		- - - -	26	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:			
	NEW Registered Office Address:			-		
	7901 4th Street N. Stc 300			-		
	St. Petersburg	FL_33702		-		
hange gent v as/we	mited liability company is not organized under the or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of	laws of the S he registered liability cor s of the limi	d office and npany, it is ted liability	d the business office of a hereby confirmed that y company or as otherw	the registered the change(s)	
	VJ GAL		Vic	tor J. Cook, IV		
-	ure of a member or authorized representative of a member			Printed or typed name of si	•	
heret	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid ify reflect a change in the registered office address,	igree to act i	n this cape	ncity. I further agree to	comply with the	

Signature of Registered Agent