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(Requestor's Name)		
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(City/State/Zip/Phone #)		
(61), 61616 2.51 11816 2.51		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
Virtual Traffic Stop, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	
Juan E. Gilbert	
Name of Person	
Virtual Traffic Stop, LLC	
Firm/Company	
9200 NW 39th Ave Suite 130-3303	
Address	
Gainesville, FL 32606	
City/State and Zip Code	
juangilbert@virtualtrafficstop.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Juan Gilbert at (352 7920227
Name of Person	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 following amou	nt:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. 8	lame of the limited liability company: Virtual Traffic Sto	top, LLC
2. (a)	9200 NW 39th Ave	(b) 9200 NW 39th Ave
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 130-3303	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 130-3303	Suite 130-3303
	Gainesville, FL 32606	Gainesville, FL 32606
	03/21/2023	1.23000144498
3.	Date of filing/registration in Florida	4. Document number
5. (a	Juan E. Gilbert	
	Registered Agent and Registered Office shown on the records of a 8691 SW 28th Lane Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI
	Gainesville, FL	32608
/Lx	Juan E. Gilbert	بي آي
(b)	Enter name of NEW Registered Agent and/or NEW Registered	I Office address:
	9200 NW 39th Ave	
	NEW Registered Office Address:	
	Suite 130-3303	<u> </u>
	Gainesville, FL	32606
agent was/w	will be identical. Or, in the case of a Florida limited lia	
Sign	ature of a member or authorized representative of a member	Juan E. Gilbert
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided light to the property of the state of the provided d in writing of this change.	Printed or typed name of signee ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acce, d for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been
Xighau	ire of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00