

Florida Department of State
Division of Corporations
Incorporation Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ediaz@richards-law.com

LLC REGISTERED AGENT CHANGE
VILIBOUL, LLC

Certificate of Status	0
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Corporate Filing Menu

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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.

1. Name of the limited liability company: VILIBOUL, LLC
2. (a) 121 NE 34TH STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
APT 802
MIAMI, FLORIDA 33137
06/09/2023
- (b) 121 NE 34TH STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
APT 802
MIAMI, FLORIDA 33137
123000281228
3. Date of filing/registration in Florida
4. Document number
5. (a) PBYA CORPORATE SERVICES, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
200 S ANDREWS AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 600
FORT LAUDERDALE, FL 33301
- (b) WORLD CORPORATE SERVICES, INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2665 SOUTH BAYSHORE DRIVE
NEW Registered Office Address:
SUITE 703
MIAMI, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X

Signature of a member or authorized representative of a member

Joseph Marie Jean Raphael Bauls
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

2024 OCT -7 PM 1:20