L23000482665

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: C. Y. Virtual Solutions, LLC	ne of Limite	ed Liability Company	
Dear Sir or Madam:			
Dear Sir of Madaill.			
The enclosed Registered Agent/Registered Offi	ice Change	and fce(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to	the following:	
Charlotte Lingard-Young			
Name of Person			
C. Y. Virtual Solutions, LLC			
Firm/Company			
4427 Vista Point Ln.			~2
Address			SECT SECT
Orange Park, FL 32065			SECULTABLE SEE
City/State and Zip Code			では、一
fingardy@yahoo.com			نين ر د بيل د چ
E-mail address: (to be used for future ann	ual report r	notification)	
For further information concerning this matter,	please call	:	
Charlotte Lingard-Young	at () 413-8334	
Name of Person		Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:		
S25 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.

2. (a)	Charlotte Lingard-Young	(1	Charlotte	e Lingard-Young
J. (J)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	4427 Vista Point Ln.		4427 Visi	ta Point Ln.
	Orange Park, FL 32065	_	Orange F	Park, FL 32065
	October 23, 2023		L23000482	2665
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Trevor Rowley			
(,	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of St	tate:
	Inc. Authority RA			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>27</u>	
	390 North Orange Ave., STE 2300-N			
	Orlando , FL	32801		2 02Կ Տեն Ծր
(b)	Registered Agents Inc			2024 OCT - 1 PH SECRETARY SE TALLARY SE
` ,	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	dress:	
	7901 4th St N			- 유명
	NEW Registered Office Address:			— 型型
	STE 300			<u> </u>
	St. Petersburg , FL	33702		
the chargent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member occurrence of the property of a member of a membe	the reg bility c f the lir limited	stered offi ompany, it nited liabil	ice and the business office of the registere t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
I here provis he ob- to mer	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. David Roberts - Assistant Se	perforn	iance of m	apacity. I further agree to comply with the ty duties, and I am familiar with and accep

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

Signature of Registered Agent