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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.

L. Na	ime of the limited lia	bility company. <u>O</u>	VR7, LLC			· · · · · · · · · · · · · · · · · · ·
2. (a)				(b)		
		iddress of Jimited Jiabili <u>IST BE STREET ADD</u>	•		Mailing address of limite (Note: MAYBE POS	
	12/04/2023			<u>L2300053</u>		
3.	Date of filir	ng/registration in Fl	orida	4.	Document number	
5. (a)	INC AUTHORITY RA Registered Agent and Re	egistered Office shown c	on the records of the	Florida Dept. of Str	 ate	
	390 NORTH ORANG Registered Office Addre		<u>KIDA STREET AD</u>	<u>DRESS)</u>		
						150 150 150
	ORLANDO		, F1_ <u>3</u>	2801	_ ·-	En Co
(b)	Registered Agents Inc					⊕ ⊖
	Enter name of NEW Re	<u>cistered Agent</u> and/or 2	SEW Registered O	lfice <u>address</u> :		111
	7901 4th St N				:•	• •
	NEW Registered Office	Address			- :	
	STE 300	<u> </u>				
	St. Petersburg		FL <u>3</u>	3702		
ihe cha ngent v was/we	inge or changes are in vill be identical. Or,	nade, the Florida str in the case of a Flo offirmative vote of t	eet address of th rida limited liab the members of t	e registered offi ility company, it he limited liabil	Florida, it is hereby co ce and the business of is hereby confirmed ity company or as oth impany.	ffice of the registered that the change(s)
Signal	The contract of authorities of a member for authorities authoritie	rized representative of a	ı membei	_Robin_Jones_	Pented or typed name	of signee
provisi the obl to mere	by accept the appoint ions of all statutes re- ligations of my position ely reflect a change in I'm writing of this ch	ative to the proper on as registered ago a the registered offi	agent and agree and complete pe at as provided (ce address, I he	to act in this ca rformance of m or in Chapter 60 reby confirm tha	pacity. I further agrey duties, and I am kin 95, F.S. Or, if this do at the limited liability	ve to comply with the ailear with and accep- cument is being filed company has been
	Apoto	David Roberts	- Assistant Seci	etary		
<u> </u>	re of Registered Agent	-				