## L24000070878

(Req.	uestor's Name)				
(Address)					
(Address)					
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	VVS HOLDINGS LL	С	
SOBSECT	Name of	Limited	Liability Company
Dear Sir or Mada	am:		
The enclosed Re	gistered Agent/Registered Office C	nange ar	nd fee(s) are submitted for filing.
Please return all	correspondence concerning this ma	iter to th	e following:
Michael Serrano			
	Name of Person		
ZenBusiness Inc.			
	Firm/Company		
336 E. College Av	re. Suite 301		
	Address		
Tallahassee, FL 31	2301		
	City/State and Zip Code	•	
ra@zenbusiness.c	com		
E-mail add	ress: (to be used for future annual re	port not	ification)
For further inform	mation concerning this matter, pleas	e call:	
Michael Serrano	at	844 (	493-6249
1	Name of Person		Area Code & Daytime Telephone Number
Registra Divisior P.O. Bo	Address: ation Section of Corporations ox 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	d is a check for the following amo	ant:	
■ \$25 F	iling Fee		\$55 Filing Fee & Certified Copy

## 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. Na 2. (a)	me of the limited liability company: VVS FI 9986 NW 86 TERR		b)	986 NW	7 86 TERR
s. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	'	· -	00.41	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DORAL, FL 33178	_	1)(	ORAL.	FI. 33178
	02/08/2024		1.24	000070	878
-	Date of filing/registration in Florida	4.			Document number
7-1	QUIROZ-GARCES, JULIAN				
(a)	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)		<del></del>	_
	9986 NW 86 TERR				
	Registered Office Address (ST BE FLORIDA STREET ADDRESS	S)			FILED PHIZ: 59 TALLAHASSEE, FLORID
	DORAL	3317	8		
(b)	ZenBusiness Inc				SSECTION TO
` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddres	<u>s</u> :	FLO <b>12:</b>
	336 E. College Ave. Suite 301				ANDA ANE BOOM
	NEW Registered Office Address:				_
	Tallahassee	323	301		_
iange gent w as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	egister oility co the lin	ed of ompa nited	fice an my, it is liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s/ .	Julian Quiroz-Garces			·	Julian Quiroz-Garces
Signati	ure of a member or authorized representative of a member				Printed or typed name of signee
herch ovisid e obli mere tified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in	e to ac erform for in ( reby c	t in ti ance Chap onfir	his cape of my e ter 605 m that	acity. I further agree to comply with the duties, and I am familiar with and accep . F.S. Or. if this document is being filed the limited liability company has been

Signature of Registered Agent