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To:

Division of Corporations Fax Number : (858)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE VISCO LLC

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K. SALY MAY - 3 2024 To⁻ 18506176383

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. N	ume of the limited liability company:			
2. (a)		(b)		
ţ,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	03/26/24	L24	4000147630	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SARDAR, VICTOR			
.,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	5960 MIAMI LAKES DRIVE EAST			
	Registered Otfice Address (MUST BE FLORIDA STREET ADDRESS) MIAMI LAKES . FL 33014			
	MIAMI LAKES F	ILAKES . FL_33014		
(b)	Registered Agents Inc		AT-2 PH	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	<u>ss</u> : 54 5		
	7901 4th St N		55 RID/	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702 FL		
he cha agent v was/w	imited liability company is not organized under the linge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the street of	aws of the Sta of the register liability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	Robins fordy	Robin J	ones	

Signature of a member or authorized representative of a member

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 natified in writing of this change.

Printed or typed name of signee

Avid Coeffs David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00