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I ALBRITTON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:_	06/04/2021	
Name:	Chris Vick	
	nce #:1378999	
		VEST LESSEE, LLC
	Articles of Incorporation/Authorization	o Transact Business
	Amendment	
V	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author Signat	ized Amount \$25.00	

F: 800.944,6607

F: +852.7682.9790

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	ame of the limited liability company: RUII-FKEY	WEST L	ESSEE, LLC	·
2. (a)		(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	No Change		No Char	nge
	5/17/2006	_	M	06000002758
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Corporate Creations Network Inc. Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1 Registered Office Address (MUST BE FLORIDA STREET)			
	NORTH PALM BEACH . FI	33408		F11 ED 2021 JUNI -4 PH 12: 09
(b)				. કુંદ્ર 👱 📆 🖰
	Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun St., Suite 4	Office ade	<u>iress</u> :	D 12: 09
	NEW Registered Office Address:			
	Tallahassee , FI	32301		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co of the lim	itered office inpany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	rederick D. McKalip	Fred	erick D. N	
I here provis the ob to mer	ature of a member or authorized representative of a member Phy accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I	ree to act perform d for in C hereby co	in this cap ince of my hapter 605 onfirm that	Printed or typed name of signce acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
nonjie	ed in writing of this change. im Mayville			
	tue of Registered Agent			

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

Tim Mayville, Assistant Secretary

INHS18 (2/14)