M12000007049

	Requestor's Name)				
	Áddress)				
	Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	Business Entity Name)				
	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



700414150617

S. CHATHAM AUG 2 2 2023



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: 12000000195						
REFERENCE	: 924066 7704662						
AUTHORIZATION	: The denan						
COST LIMIT	: \$ 25.00						
ORDER DATE : August 7, 2023							
ORDER TIME : 9:11 AM							
ORDER NO. : 924066-119							
CUSTOMER NO: 7704662							
CHANGE OF AGENT							
NAME: VS DELRAY BEA	ACH IIC						
MANE. VO DEBICAT DEA	ACII, IIIC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
EX	KAMINER'S INITIALS:						

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: VS DELRAY B	EACH, L	LC		
2. (a)					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of lim-	ited fiability company:
	260 E Birmingham Street Suite 250		260 E Bi	irmingham Street Su	uite 250
	Birmingham, MI 48009		Birmingham, MI 48009		
	12/18/2012		M120000	007049	
3.	Date of filing/registration in Florida	4.		Document number	Γ
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Floric	la Dept, of Sta	nte:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>'S)</u>		(* ₁₀₀
	1200 SOUTH PINE ISLAND ROAD				073
	PLANTATION	33324		_	18 017 6882 St
	, FI	L		-	2 :
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_	PH 4:4
	Corporation Service Company				÷ ÷
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee	. 32301			
	, FI	<u> </u>		_	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members elicles of organization or the operating agreement of the	register ability co of the lin	ed office ar ompany, it i nited liabili	nd the business offici is hereby confirmed ty company or as ot	ce of the registered I that the change(s)
/s/ .	Jill Cilmi	Jill	Cilmi, Auth	orized Person	
_	ture of a member or authorized representative of a member		. <u>.</u>	Printed or typed name	<u> </u>
I here provisi the obi to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in (hereby c	t in this cap ance of my Chapter 602 onfirm that	pacity. I further agr duties, and I am far 5. F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
magie	Drace C. Kubl	GR/	ACE E KIR	BY, ASST. VICE P	RESIDENT
Signatu	re of Registered Agent				

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