m1400001278

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. Dennis 12.06.24					

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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	me of the limited liability company:	V GA, LI	_C		
2. (a)	9335 INDUSTRIAL TRACE	(b	9335 IND	USTRIAL TRACE	
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ALPHARETTA, GA 30004	_ 	ALPHARE	ETTA, GA 30004	
	02/24/2014		M1400000	1278	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Hubco Registered Agent Services, Inc.				
()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- 11	
	155 Office Plaza Dr, 1st Floor				
	Registered Office Address (MUST BE FLORIDA STREET)	is (MUST BE FLORIDA STREET ADDRESS)			
(b)	Tallahassee , FL	32301 ETARY			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Corporation Service Company			PILED 2024 DEC -6 AM 10: 16 SECRETARY OF STATE SALLABASSEE, FLORES	
	NEW Registered Office Address:			-	
	1201 Hays Street			-	
	Tallahassee , FL	32301			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the /S/ Keith D. Marshall ture of a member or authorized representative of a member obvious of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper of this change.	registered ability co of the limited limited limited l	ed office and impany, it is ited liability iability com h D. Marsha	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. all, Managing Member Printed or typed name of signee	