

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailines. Enter only one email address please.\*\* annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE VERTICAL BRIDGE REAL ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## **COVER LETTER**

	istration Section ision of Corporations				
SUBJECT:	VERTICAL BRIDGE REAL E	STATE, LLC			
Name of Limited Liability Company					
Dear Sir or l	Madam:				
The enclosed	d Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please return	all correspondence concernir	ng this matter to th	e following:		
Alicia Richa	rds				
	Name of Person	<del></del> -	· <u> </u>		
Registered A	gent Solutions, Inc.				
	Firm/Company		<del></del>		
Corporate Ce	enter One, 5301 Southwest Pkwy.	Stc 400			
	Address				
Austin, TX 7	8735				
	City/State and Zip Co	de			
E-mail	address: (to be used for future	annual report not	ification)		
For further i	nformation concerning this ma	itter, please call:			
Alicia Richar	rds	888 at (	705-7274		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ving amount:			
<b>□</b> \$	25 Filing Fee	0	\$55 Filing Fee & Certified Copy		
INHS18 (2/1-	1)				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

<b>3</b> (-)	750 PARK OF COMMERCE DR	(1	750 PARK OF	F COMMERCE DR	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	((		ling address of limited liability company:  Note: MAY BE POST OFFICE BOX)	_
	STE 200		STE 200		_
	BOCA RATON, FL 33487	<del></del>	BOCA RATO	N, FL 33487	_
	07/25/2018		M18000006851	l	
3.	Date of filing/registration in Florida	4.	Doo	cument number	_
5. (a)					
-/. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:		
	COGENCY GLOBAL INC.				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2		
	115 N CALHOUN ST, STE. 4				
	TALLAHASSEE, 1	FL		2025	B
(b)	Registered Agent Solutions, Inc.			2025 FEB 18	
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:		
	2894 Remington Green Ln.			AH 8: A-STA FLOR	
	NEW Registered Office Address:			) <b>H 8: 22</b> STATE CLORIDA	
	Ste. A	····			
	Tallahassee, I	FL			
change agent v was/we the art	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the allison Cannella.	he registere liability co s of the lim he limited l	ed office and the impany, it is her lited liability co	we business office of the registered reby confirmed that the change(s) company or as otherwise provided in	
/s/ Signa	sture of a member or authorized representative of a member			inted or typed name of signee	_
I here provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple- ligations of my position as registered agent as provid- ely reflect a change in the registered office address, d'in writing of this change.	gree to act te perform ded for in C I hereby co	in this capacity ince of my dutie Chapter 605, F.S onfirm that the l	y. I further agree to comply with the les, and I am Jamiliar with and accep S. Or, if this document is being filed limited liability company has been	, pl i

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent