## M160000008513

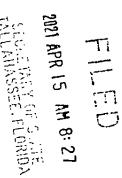
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 9, 2021

Order#: 750165-040

Re: THERAPYTRAVELERS LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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	fame of the limited liability company:	VELERO LLC	
2. (a)	355 REDONDO AVE.	(h) 355 REDONDO AVE.	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LONG BEACH, CA 90814	LONG BEACH, CA 90814	
	09/17/2018	M18000008513	
3.	Date of filing/registration in Florida	4. Document number	
5. (a	REGISTERED AGENTS INC	7 202 7 A	
27. (4)	Registered Agent and Registered Office shown on the records of the 7901 4TH STREET NORTH SUITE 300	R	
	Registered Office Address (MUST BE FLORIDA STREET A		
	ST.PETERSBURG , FL	33702 RE 27	
	Corporation Service Company  NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FL_	32301	
chang agent was/w	e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.	
	/S/ Mark Siegel	Mark Siegel, Authorized Person	
_	iture of a member or authorized representative of a member	Printed or typed name of signee	
provis the ob to mer	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he of in writing of this change	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed iereby confirm that the limited liability company has been	
Signati	ire of Registered Agent Grac	ice E. Kirby, Asst. Vice President	

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