M180000011529

(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. HORNE					
J. HORNE MAR 1 / 2022					

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: VIRAGE LLC Name of Limited Liability Company					
5020						
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Office C	Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning this m	atter to the	e following:			
CHRIS	TY MENDOZA					
	Name of Person					
FILEJE	TT INC.					
-	Firm/Company					
10440 I	PIONEER BLVD. STE. 8					
	Address	•				
SANTA	A FE SPRINGS, CA 90670					
	City/State and Zip Code	_				
ORDE	RS@ALLENCORPSUPPLY.COM		·			
F	-mail address: (to be used for future annual	report no	iification)			
For fur	rther information concerning this matter, ple	ase call:				
CHRIS	STY MENDOZA	562 at (906-1635			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following an	iount:				
□ \$25 Filing Fee			\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

i. Na	ame of the limited liability company: VIRAGE 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 BOX)		
	1700 POST OAK BLVD. STE 300		SAME			
	HOUSTON, TX 77056					
	12/20/2018		M1800001	11529		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)			
	1201 HAYS ST					
	TALLAHASSEE	FL_32301	32301			
		FL		_		
(b)						
. ,	Enter name of NEW Registered Agent and/or NEW Register	red Office	addr <u>ess</u> :	_		
	FILEJET INC.					
	NEW Registered Office Address:					
	625 E. TWIGGS ST., STE 110					
	ТАМРА	33602				
		FL				
change agent was/w	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization on the operating agreement of the control of the contro	the registed liability is of the limited	ered office a company, it mited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
Sign	aure of a member or authorized representative of a member	_		Printed or typed name of signee		
provis the ob- 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 provi- ely reflect of thange in the registered office address, d in writing of this charge.	igree to a te perfor ded for it I hereby	ct in this ca mance of m i Chapter 60 confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
Signar	ure of Registered Agent					