Florida Department of State

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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

Pursui submit Florid	ant to the provisions of sections 605.0114 or 605.01 ts the following statement in order to change its r	registere	d off	ce or registered	signed limite agent, or b	ed liahilii oth, in ti	ty com he Sta	pany ite of		
	une of the Limited Liability Company:	VICE I	PAR	TNERS, LLC						
2. (a)	201 E Kennedy Blvd		(b) 201 E Kennedy Blvd							
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Suite 1600			Suite 1600						
	TAMPA, FL 33602		<u>T</u>	AMPA, FL 33	602					
	6/14/2019	_	<u>M</u>	190000058	40					
3.	Date of filing/registration in Florida	4,		Docume	nt number					
5. (a)										
	Registered Agent and Registered Office shown on the records of	of the Flori	ida Do	ot. of State:						
	1201 HAYS STREET									
	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRE</u>	5.5)							
							2			
	TALLAHASSEE , F	L_323	01				025 AUG 1 L			
(b)	Capitol Corporate Services, Inc.					· <u>·</u> .) I U			
	Enter name of NEW Registered Agent and/or NEW Registers	d Office	ddre:	∑ :			- 1			
	515 East Park Avenue 2nd FI						PH			
	NEW Registered Office Address:					: •	က်			
						•	02			
	Tallahassee, F	L_323	01							
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the li	gisten comp imited	ed office and the l any, it is hereby o lliability compan	business officers of the	ce of the	registe	cred		
	arcus Ryan			Ryan						
	ture of a member or authorized representative of a member			Printed or	typed name of	-		_		
I herel provision the obli to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change	ree to a e perfori ed for in hereby	ct in nance Cha confi	this capacity. I fu to of my duties, and the cost of the cost of the cost of t	erther agree d I am famili , if this docu d liability co	to comply ar with a ment is b mpany he	v with ind acc eing fi as bee	the cept iled n		

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

Signature of Registered Agent 3 ... Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.