Mgoà	201129
(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	400340442104
Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	5
Office Use Only	Y SULKEP

FEB 2 6 7020



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT NO.	:	1200000000	.95	
			REFERENCE	:	113350	7854300	
			AUTHORIZATION	: d	mettele	Kan	
			COST LIMIT	· . (\$3,5′.00		
ORDER	DATE	:	December 23, 20	19			
ORDER	TIME	:	11:05 AM				

ORDER NO. : 113350-005

CUSTOMER NO: 7854300

CHANGE OF AGENT

NAME: VRE WESTLAKE 2.0, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:



RESUBMIT

Please give original submission date as file date

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2020

CORPORATION SERVICE COMPANY

SUBJECT: VRE WESTLAKE 2.0, LLC Ref. Number: M19000011129

We have received your document for VRE WESTLAKE 2.0, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 220A00002906

		COVER LI	TTER
	gistration Section vision of Corporations		
SUBJECT	VRE Westlake 2.0, LLC		
		ne of Limited Lia	ability Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.
	m all correspondence concerning the		
Faith Haygo	bod		
	Name of Person		_
VRE Westl	ake 2.0, LLC		
	Firm/Company		_
1211 S. Wh	ite Chapel Blvd.		
	Address		_
Southlake,	Fexas 76092		
	City/State and Zip Code	·	-
fhaygood@	verdad.com		
E-ma	il address: (to be used for future ann	ual report notific	ation)
For further	information concerning this matter,	please call:	
Justin Huste	on	817 at (632-6301
	Name of Person	(Area Code & Daytime Telephone Number
Rc	ailing Address: gistration Section vision of Corporations		Street Address: Registration Section Division of Corporations
Р.(D. Box 6327		The Centre of Tallahassee
la	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Eo	closed is a check for the following	amount:	
	\$25 Filing Fee	S 5	5 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.

2. (a)		(b)		
. /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	f limited liability company: TE POST OFFICE BOX
	1211 S. White Chapel Blvd.		1211 S. White Chapel Bly	
			·····	
	Southlake, Texas 76092		Southlake, Texas 76092	
	11/18/2019	2	M19000011129	
•	Date of filing/registration in Florida	4.	Document nu	mber
. (a)				
, (a)	Registered Agent and Registered Office shown on the records of	the Floride	Dept. of State:	
	Registered Agent Solutions, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	155 Office Plaza Dr., Suite A			
	Tallahassee, FI	, 32301		20 TA
	, ۴۱	سا	<u>.</u>	2020 FEB
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	
	Corporation Service Company			AH lêr 41
	NEW Registered Office Address:			
	1201 Hays Street			у́с О
	Tallahassee, Fl	32301		
the l	imited liability company is not organized under the late or changes are made, the Florida street address of the	ws of the S	State of Florida, it is here	by confirmed that after
2eu-	will be identical. Or, in the case of a Florida limited li	ability con	npany, it is hereby confi	med that the change(s)
aś/we ie arti	ere nuthorized by an affirmative vote of the members of ick of organization of the operating agreement of the	of the limit limited lie	ted liability company or ability company	as otherwise provided in
сан /	ide for organization of the operating agreement of the		son Keen, Manager	
	une of a member or authorized representative of a member		Printed or typed	name of signee
Signa	une of a memorie of autometer representative of a memoer			

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