## ma0000010643

	(Requestor's Name)
· ·	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions to	Filing Officer:

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400414150644

S. CHATHAM AUG LL 2023





CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195							
REFERENCE : 924066 7704662							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE : August 7, 2023							
ORDER TIME : 9:13 AM							
ORDER NO. : 924066-188							
CUSTOMER NO: 7704662							
CHANGE OF AGENT							
NAME: VS PALM COAST, LLC							
DIENCE DEMINN MUE DOLLOWING NO DROOP OF TILING							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT DEDCOM. Eviliana Dakor							
CONTACT PERSON: Eyliena Baker							
EXAMINER'S INITIALS:							

## 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: VS PALM COA	ST, LLC				
2 (a)		(	b)			
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	260 E. Birmingham Street, Ste. 250		260 E. B	Birmingham Stre	et, Ste. 25	0
	Birmingham, MI 48009	_	Birmingh	nam, MI 48009	•	
	11/19/2020		M200000	)10643		
3.	Date of filing/registration in Florida	— 4.	··	Document nu	mber	
5 (~)						
5. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	<del></del> nte:		
	CT CORPORATION SYSTEM					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S)	_	:	- 🔊
	1200 SOUTH PINE ISLAND ROAD					1237
	PLANTATION	33324		_		2023 1.15.21
		L		<del>-</del>		-
(b)					•	P):
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:			4:
	Corporation Service Company				•••	777 PH 4:42
	NEW Registered Office Address:			<del>_</del>		
	1201 Hays Street			_		
	Tallahassee . Fi	32301				
		~ <u>~</u>	G 0.00	<del></del>		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office ar ompany, it i nited liabili	nd the business is hereby confir ty company or a	office of the med that the	e registered ne change(s)
/s/ J	ill Cilmi	Jill	Cilmi, Auth	orized Person		
Signat	ure of a member or authorized representative of a member			Printed or typed	name of sign	ce
provisi (he obl.) (o merc	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I is now that a file of this change.	ree to ac perform d for in v hereby c	t in this cap ance of my Chapter 60; onfirm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liah	agree to confamiliar vis documentality compo	omply with the with and accept it is being filed my has been
wijiec	I'm writing of this change.	GRA	ACE E KIR	BY, ASST. VIC	CE PRESIE	DENT
Signatur	re of Registered Agent					