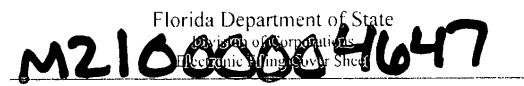
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Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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| rmai i | annress. | | | |

LLC REGISTERED AGENT CHANGE VCA SOLUTIONS, LLC

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511G 0 2 2022

K. Brumblay

From: Kaity Toon

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.

| | Name of the limited liability company: No Change | | (b) No Change | | | |
|--|---|---|--|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) | | | |
| 3. | 04/14/2021 Date of filing/registration in Florida | | M21000004647 4. Document number | | | |
| 5. (a | CORPORATION SERVICE COMPANY | | | | | |
| (b) | Registered Agent and Registered Office shown on the records o Registered Office Address (MUST BE FLORIDA STREET) | | | | | |
| | TALLAHASSEE, FI | 32301-2525 | AFFROYE AND FILED 2022 AnG-2 PM SEGNETARY OF FALLAHASSEE, F | | | |
| | C T Corporation System | ASS ASS | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | PH 3: 06 C PH 3: 06 C CF STATE EE, FLORIBE | | | | |
| | NEW Registered Office Address: | 프로 💆 | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation F | L 33324 | | | | |
| the chagent was/was/was/was/was/was/was/was/was/was/ | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited be were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature a member or authorized representative of a member | f the registero iability compa of the limited | ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in illity company. | | | |
| Sign | atures a member or authorized representative of a member | | Printed or typed name of signee | | | |
| provi. the of to me. | why accept the appointment as registered agent and ag sions of all statutes relarive to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, l withing of this change. CT Corporation System | r performanc ed for in Cha hereby confil | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been | | | |

To: