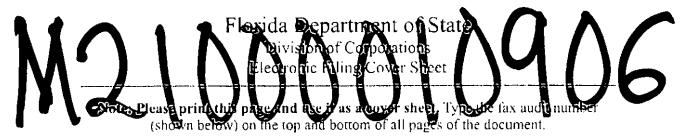
From, David Thoma

10/15/24, 4:43 PM

Division of Corporations



2024-10-15 15:07:50 CST

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	Note: DO	NOT hit the REFRESH/RELOAD button on your browser fro Doing so will generate another cover sheet.	· ·
	To: Fr o m:	Division of Corporations Fax Number : (850)617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (614)573-3996	2024 OCT 16 PM 2:54 SEANT WAY OF STATE
FIVEU	STATE SATIONS ORIDA	the email address for this business entity to be used formular report mailings. Enter only one email address pleas all Address:	or future e.**
C. IV. I	i	LLC DECISTEDED ACENT CHANGE	
V 1.7. 1.7. 000 000 000 000 000 000 000 000 000	i	LLC REGISTERED AGENT CHANGE VBR TOURS, LLC	
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Electronic Filing Menu

Corporate Filing Menu

Help

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.

1 (0)10						
L. N	ame of the limited liability company: VBR TOURS, I	_l.(. 				
2. (a)	309 W. WASHINGTON STREET		(b) 309 W. WASHINGTON STREET			
	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 1100		SUITE 1100			
	CHICAGO, IL 60606		CHICAGO, IL 60606			
	8/19/2021	3	M21000010906			
3.	Date of filing/registration in Florida	4,	Document	t number		
5. (a)	UNITED CORPORATE SERVICES, INC.					
(b) .	Registered Agent and Registered Office shown on the records o	of the Florida I	Dept. of State.			
	3458 LAKESHOR DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET					
				2024 SEC		
	TALLAHASSEE, F		2024 OCT 16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	C T Corporation System			1		
	Enter name of NEW Registered Agent and/or NEW Registere		PH 2:54 OF STATE ISEE, FL			
	NEW Registered Office Address:			rr +=		
	1200 South Pine Island Road					
	Plantation F	33324				
the cha agent (was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor of the limi	ered office and the bu upany, it is hereby co ted liability company	usiness office of the onfirmed that the cha	registered uge(s)	
Helingrote Scale			yn McBride			
Signa	tture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree 10 act i te performa led for in C. I hereby co	n this capacity. I fur nee of my duties, and hapter 605, F.S. Or, aftern that the limited	rther agree to comply Ham familiar with a if this document is b Ulability company he	y with the ind accept eing filed us been	

Signature of Registered Agent, Natalie Pickens, Assistant Secretary

CT Corporation System of Julida Pickey