M21000013074

(F	Requestor's Name)	
(A	Address)	
()	Address)	
((City/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL MAIL
	Business Entity Nam	ne)
(1	Document Number)	
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

Office Use Only



800421305778







04/40/0004

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/10/2024	
Name:	Patrice Rush	
Reference #	2232958	
	e: V	VER RE FL, LLC
☐ Articl	les of Incorporation/Authori	zation to Transact Business
Ame	ndment	TALE PIJE
✓ Char	nge of Agent	SECRETAR TALLAH
Rein	statement	
☐ Conv	version	
☐ Merg	er	tuf — C
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized	Amount: \$25.00	

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.

1 307 10	 \\/ED	DE CI 117	_
l. N	ame of the limited liability company: WER	NE FL, LL	
2. (a)	Principal office address of limited liability company	(p)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	, .	(Note: MAY BE POST OFFICE BOX)
	No Change	No No	Change
	October 4, 2021		M21000013024
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
- (-,	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept.	of State:
	1201 Hays Street		25. S. J. C. S.
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	2024 JAN 10 SECRETALLAR
	Tallahassee	_, FL_32301	
(b)			58
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	1
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	, FL 32301	
the ch agent was/w the art /s/ C	limited liability company is not organized under the ange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membiciles of organization or the operating agreement of the Breland	ess of the registered ted liability compai pers of the limited l	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provelv reflect a change in the registered office addressed in writing of this change.	a agree to act in the plete performance ovided for in Chaptess, I hereby confire	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been

INHS18 (2/14)

/s/ Sean Honan
Signature of Registered Agent