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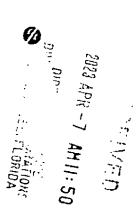
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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

ACCOUNT NO.	:	1200000001	95						
REFERENCE	:	646808	8407087						
AUTHORIZATION	:	1	A						
COST LIMIT	:	\$ 25.00	lado						
									
ORDER DATE : April 6, 2023									
ORDER TIME : 8:43 AM									
ORDER NO. : 646808-005									
CUSTOMER NO: 8407087									
CHANGE OF AGENT									
NAME: VALTRUIS, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland-sorenson EXAMINER'S INITIALS:									
EX.	AMII	NER'S INITI	ALS:						

COVER LETTER

TO: Registration Section Division of Corporations	
Valtruis, LLC SUBJECT:	
·	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Shannon Leutheuser	
Name of Person	
Valtruis, LLC	
Firm/Company	
167 N. Green Street, Suite 1002	
Address	
Chicago, IL 60607	
City/State and Zip Code	
compliancemail@cscglobal.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Shannon Leutheuser	773 655-2960
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
□ \$25 Filing Fee	□ \$55 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.

1.	Na	ame of the limited liability company: VALTRUIS, LLC	· -			
2.	(a)		(b)		
	` ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mi	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1538 TALLAHASSEE BLVD UNIT 951		PO BOX 95	51	
		INTERCESSION CITY, FL 33848		INTERCES	SION CITY, FL 33848	
		4/6/2023				
3.		Date of filing/registration in Florida	4.	Đ	Ocument number	
5	(a)	TRACY BAHL				
٥,	(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
		1538 TALLAHSSEE BLVD, UNIT E 951			_	
		Registered Office Address (MUST BE FLORIDA STREET.	4DDRESS	2	2023 A PR	
					AP	
		INTERCESSION CITY . FL	33848	_		
					A ···	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	A 69			
Enter name of NEW Registered Agent and/or NEW Registered Office address;						
		Corporation Service Company		<i>,</i> —		
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee . FL	32301			
eha age wa the	ange ent v .s/we arti	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the true ball ure of a member or authorized representative of a member of a m	registere ability con of the limi limited li Trac	d office and tompany, it is housely it is housely ability company. y Bahl	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. 'rinted or typed name of signee	
pre the to i	ovisio obli mere tified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. The of Registered Agent	ee to act performa I for in C tereby co	in this capac ince of my du hapter 605. I nfirm that tha	uv. I jurther agree to compty with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been	

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