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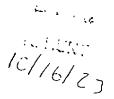
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 060666 8396234 AUTHORIZATION : COST LIMIT : ORDER DATE: October 11, 2023 ORDER TIME : 1:0 PM ORDER NO. : 060666-044 CUSTOMER NO: 8396234 CHANGE OF AGENT NAME: VGM BUGGY MOBILITY LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

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.

1. 1	Name of the limited liability company: VGM BUGGY N	MOBILIT	ΥL	LC			
2. (a	445 EMPIRE BLVD	(	(b)	445 EMP	IRE BLVD.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\	.0)_	,	-	nited liability company:	
	BROOKLYN, NY 11225		-	BROOKL	YN, NY 11225		
	03/21/2022	<del></del>		и2200000	5413		_
3.	Date of filing/registration in Florida	4.			Document number	er	
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State HUBCO REGISTERED AGENT SERVICES, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  155 OFFICE PLAZA DR. 1ST FL.			- ::			
	TALLAHASSEE FI	32301			-	<b>2</b> 0	
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:			1023 OCT 16 PH12: 40		PILTU RETARY OF STR ON OF CORPORA	
	1201 Hays Street					<b>7: -4</b>	:• ::
	Tallahassee, I-1	32301				<b>0</b>	
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability co of the lin	red om nite	office and pany, it is ed liability	I the business offi- hereby confirmed company or as o	ce of the registered d that the change(s)	
,	S/ Wayne Ackerman	WA	1Y <i>F</i>	NE ACKER	RMAN, AUTHORI	IZED PERSON	
Sign	nature of a member or authorized representative of a member				Printed or typed nam	ne of signee	
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It ed in writing of this change.	ee to ac perform d for in ( hereby c	t in vanc Cha vonf	this capa ve of my d apter 605, irm that ti	icity. I further agg luties, and I am fa F.S. Or, if this d he limited liability	ree to comply with the miliar with and accellocument is being file of company has been	ie 2pt 2d
Signal	ure of Registered Agent	Grace	E.	Kirby, As	sst. Vice President	ı	