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From: Kaity Toon

8/29/22, 12.26 PM

Division of Corporations



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	To: Division of Corporations Fax Number : (850)617-6383				
1 H: 1C	From: Account Name : C T CORPORATION SY Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996 **Enter the email address for this business e annual report mailings. Enter only one Email Address:	entity to be used for future 9			
- -	LLC REGISTERED AGEN VEKTEK STRATEGIC CAPITAI				
2022	Certificate of Status	0			
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Help T. LEMIEUX AUG 3 0 2022

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. N	ame of the limited liability company: VEKTEK S	STRATEGIC CAPIT/	ML EQUITYCO, LLC
2. (a)	No Change	(b) <u>No</u>	Change
(0)	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited Eability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	04/26/2022		000006477
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the reco Registered Office Address <u>(MUST BE FLORIDA STI</u> 450 S ORANGE AVE		
	ORLANDO	, FL	
(b)	C T Corporation System		511 1022 AUG 2 9
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:	rt. 71
	NEW Registered Office Address:		AH 9: 4
	1200 South Pine Island Road		10, F
	Plantation	FL	
the ch agent was/w	limited liability company is not organized under t ange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida limi- vere authorized by an affirmative vote of the mem- ticles of organization or the operating agreement	ess of the registered ited liability compar ibers of the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	De the		IS, MANAGER
Sign	ature if a member of authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. CT Corporation System Will Hereby By: Michele Holden, Asst Sect Will Hereby Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

To: