Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000072070 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 : (718)362-4789 : (718)408-2550 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: \_\_\_\_Julie.Smith@greenvaultsystems.com

## LLC REGISTERED AGENT CHANGE GREEN VAULT SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FEB 2 3 2011

02/22/2024 15:12 From:17184082550 To:18506176383 Date Time 02/22/24 03:12PM Pages: 2 P: 2/2 (((H24000072070 3)))

## 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.

L No	ime of the limited liability company: GREEN VAULT	SYSTEM	MS!	LLC					
2. (a)	720 132Nd St. SW, #207. Everett. WA 98204	()	b) _	720 132Nd	I St. SW, #207, Everett, WA 98204				
	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE I						
	04/28/2022		M.	200000070	088		***************************************		
١.	Date of filing/registration in Florida	- 4.			Document nun	nber			
5. (a)	C T CORPORATION SYSTEM								
,	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florid	a De	pt, of State	· :		~		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2024 FEB 22 SEGN, AHA		"በ		
(b)	PLANTATION FL	33324			•	restains			
	Ahron Vogel				FEB 22 AM 10: 5: ALLAHASSEE, FL				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<del>zz</del> :	): <b>53</b>				
	7064 Northwest 49 Street								
	NEW Registered Office Address.								
	Lauderhill FL	33319							
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register shility co of the lin	ed c amp uted	office and any, it is I liability	I the business of hereby confiring company or a	office of ned that	the reg	istered inge(s)	
/s/ Rob	ert D. Smith	Rot	oert	D. Smith					
l herel	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr ons 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. I h	ee to act perform t for in (	t in anc Cha	this capa	Printed or typed of the city. I further out on the city. I further out of the city. I full	avree to	- compl	y with the and accept being filed	
юще	ely reflect a change in the registered office address. I h I in writing of this change. on Vogel	iereby c	onfi	rm that ti	nc timited liabi	uty com	ipany h	as been	
	re of Registered Agent								