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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future

· Email Address:___

LLC REGISTERED AGENT CHANGE VISTA TECH LLC

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OC1 52 2053

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: Vista Tech LLC			
2. (a)	1901 W CYPRESS CREEK RD	(b) 1901 W CYPRESS CREEK RD		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAYRE POST OFFICE BOX)	
	STE 600	st	TE 600	
	FT LAUDERDALE, FL 33309	FT —	FLAUDERDALE, FL 33309	
	08/26/2022	M2:	12000013814	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ANASTASUASN ICARENKO			
2. (u)	Registered Agent and Registered Office shown on the records of 1901 W CYPRESS CREEK RD	the Florida Dep	or, of State:	
	Registered Office Address	(DDRESS)		
	FT LAUDERDALE , FL	33309		
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address		
	NEW Registered Office Address:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	1200 South Pine Island Road			
	Plantation , FL	33324	<u>~</u> ව 	
the cha agent was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registere bility compa f the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer notifie By:	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I had in writing of this change. C T Corporation System C Registered Agent	performance d for in Chap iereby confir	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been SSISTANI SECRETARY	