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| (Requestor's Name) | | | | | | | | | |
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| (2) (2) (3) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | | |
| | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
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| | | | | | | | | | |
| (Document Number) | | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | | |
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Office Use Only



500414485695

ALLAHASSÉE, FLOR-

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

CONTACT PERSON: Eyliena Baker

| . . | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|
| CHANGE OF AGENT | | | | | | | | | | |
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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. | Na | me of the limited liability company: | VCO E | 301 | RROWER, L | LC | | | |
|----------------------|---------------------------|--|---|----------------------------------|---|---|--|-------------|------------------------------------|
| 2. (| a) . | Principal office address of limited liability company: | _ | (b) | | ailing address of | | | |
| | | (<i>Note: MUST BE STREET ADDRESS</i>) | | | | aning address of (<u>Note: MAY BL</u> | | • | |
| | | 8837 BOND ST | | | 8837 BONE | O ST | | | |
| | | OVERLAND PARK, KS 66214 | _ | OVERLAND PARK, KS 66214 | | | | | |
| | | 11/02/2022 | | ľ | и220000167 | 785 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | D | Ocument nun | ıber | | |
| 5. (| (a) | | | | | | | | |
| -· , | / | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C T CORPORATION SYSTEM | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET. | 4DDRE. | SS) | | | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | 20 | |
| | | PLANTATION | 33324 | ļ | | | ŢĂĹĹŔĦÁSSEE, FLUMŪĀ | 2023 SEP 11 | T: |
| | | | | | | | iÄS\$ | = | 1 |
| (1 | b) | Enter name of NEW Registered Agent and/or NEW Registered | | | | | Ē. Σύ | 32 * | - |
| | | Enter hand of MEW Registered Agent and/or NEW Registered | Onices | ice address: | | | | 1 | |
| | | Corporation Service Company | | | | | · · · · · · · · · · · · · · · · · · · | <u>+</u> | |
| | | NEW Registered Office Address: | | | | | 25 | | |
| | | 1201 Hays Street | | | | | | | |
| | | Tallahassee, FI. | 32301 | | | | | | |
| char agen was/ | ige it w yre | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia the authorized by an affirmative vote of the members of the operating agreement of the | vs of the registed bility of the li limited | ne Serec con imit d lia | l office and in the pany, it is he liability of the bility comp | the business on nereby confirm company or a any. | office of ned that | the regi | stered nge(s) |
| | _ | Jill Cilmi, Authorized Person | | | | | | | |
| I ha | Z xel | ure of a member or authorized representative of a member of accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete to the proper acceptance of the property of the prop | perform I for in iereby (| nai Cl coi | n this capac ice of my du iapter 605, l ifirm that the | Printed or typed ity. I further ties, and I am F.S. Or, if this e limited liabi | agree to familia s docum lity com | - comnb | with the accept eing filed as been |
| Sign | atur | e of Registered Agent | _ | | | | | | |