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(((H210003623513)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

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REGISTERED AGENT CHANGE VPS LEGAL MIAMI, INC

Certificate of Status	0
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SEP 2 9 2021

S. PRATHER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of r registered agent, or both, in the State of Florida.	this		
1. The name of	the corporation: VPS LEGAL MIA	MI, INC			,
	office address: 7901 4th St N ST				
St. Petersbu					
3. The mailing a	address (if different): 7901 4th St N	STE 300			
St. Petersb	urg FL 33702				
4. Date of incor	poration/qualification: 11/02/20	Document number: P20000088103			
	I street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	VPS LEGAL SUPPORT & CON	SULTING SERVICESLLC	37 1		
	121	VLL/A SECI	2021		
	COCONUT GROVE, FL 33133		AHASSEI	2021 SEP 28	<u></u> U
6. The name and street address of the new registere (if changed):		red agent (if changed) and /or registered office	Y OF STATE EE, FLORIO,	8 AM 10:	-ED
	Agent LLC	RIDA			
	7901 4th St N STE 300		_	. •	
	Box NOT acceptable				
	St. Petersburg FL 3370)2			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	red agent.		
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer speen notified in writing of the change.	SO		
Tatiana Villardelrancos Tatiana Villardefrancos, President					
l furthér agrée , nerformance of	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as regu- to reflect a change in the registered office addre tified in writing of this change.	istered ss, I		
lon	Glove	9/28/21			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Tom Glove	r				
T	yped or Printed Name	-			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *