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| (Re                                     | questor's Name)   |             |  |  |  |
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| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bu                                     | siness Entity Na  | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |                          |   |  |  |
|---|--|--------------------------|---|--|--|
| SUBJI   |  |                          |   |  |  |
|   | Nam  | e of Limited Liab        | ility Company   |  |  |
| Dear S  | Sir or Madam:  |                          |   |  |  |
| The er  | nclosed Registered Agent/Registered Offi   | ce Change and fe         | e(s) are submitted for filing.  |  |  |
| Please  | return all correspondence concerning thi   | s matter to the fol      | llowing:  |  |  |
| Dome  | enic J. Pompile  |                          |   |  |  |
|   | Name of Person   |                          |   |  |  |
| DJP '   | VIP Enterprises, LLC   |                          |   |  |  |
|   | Firm/Company   |                          |   |  |  |
| 799 A   | Appleby Street   |                          |   |  |  |
|   | Address  |                          | •   |  |  |
| Boca  | Raton FL, 33487  |                          |   |  |  |
|   | City/State and Zip Code  | · · ·                    | •   |  |  |
| -   | oompile@gmail.com  |                          |   |  |  |
| E   | E-mail address: (to be used for future ann   | ual report notifica      | tion)   |  |  |
| For fu  | rther information concerning this matter,  | please call:             |   |  |  |
| Dome  | enic J. Pompile  | 561<br>at (              | 674-5151  |  |  |
|   | Name of Person   |                          | Area Code & Daytime Telephone Number  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regis<br>Divis<br>P.O. 1 | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314 |  |  |
| Enclosed is a check for the following amount: |  |                          |   |  |  |
|   | ■ \$25 Filing Fee  | □ \$55                   | Filing Fee & Certified Copy   |  |  |

## 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. Na                                      | ame of the limited liability company: DJP VIP Ento   | erprises L  | LC  |  |                              |                           |
|--|--|---|---|--|------------------------------|---------------------------|
| 2. (a)                                     | 799 Appleby Street   | (b)   |   | -  |                              |                           |
| 2. (11)                                    | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Boca Raton FL, 33487   | (0)_  |   | Mailing address of lim (Note: MAY BE Po                                    | •                            |                           |
|  |  |   |   | <del></del>  |                              |                           |
|  |  | <del></del>   |   |  |                              |                           |
| 2  | _11/07/2013  | _ , _   | <u> 413</u>                               | 0001566  |                              |                           |
| 3.   | Date of filing/registration in Florida   | 4.  |   | Document number  | er                           |                           |
| 5. (a)                                     | Registered Agent and Registered Office shown on the records of   |   |   | -  |                              |                           |
|  |  | f the Florida D                                       | ept. of State                             | <b>e</b> :   |                              |                           |
|  | United States Corportation Agents, Inc.  |   |   | -  |                              |                           |
|  | Registered Office Address (MUST BE FLORIDA STREET  | ADDRESS)  |   |  |                              |                           |
|  | 13302 Winding Oak Court A  | <u>.</u>  |   | -  |                              |                           |
|  | Tampa , , , , , , , , , , , , , , , , , , ,  | 33612   |   | F102   | 7                            | :                         |
|  |  |   |   |  | DEC<br>F                     |                           |
| (b)  | Domenic J. Pompile   | <del></del>   |   | - 3 * · · ·  |                              |                           |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | d Office addre  | <u>ess</u> :                              | <u> </u>   | _ rn                         |                           |
|  | 799 Appleby Street   |   |   |  |                              |                           |
|  | NEW Registered Office Address:   | · · · · · -   |   | · '  | 44 E                         |                           |
|  | Boca Raton   | 33487   |   | -  |                              |                           |
|  | , F1   |   | <del></del> -                             | -  |                              |                           |
| the cha<br>agent w<br>was/we               | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the | f the registe lability com of the limite limited lial | red office<br>pany, it is<br>ed liability | e and the business<br>is hereby confirmed<br>by company or as of<br>opany. | office of the                | e registered<br>ange(s)   |
| Signat                                     | ture of a member or authorized representative of a member  |   |   | Printed or typed nam   | e of signee                  | <del></del>               |
| provisi<br>the obli<br>to mere<br>notified | very the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I important this change.                              | e performane<br>ed for in Cha                         | ce of mỳ c<br>apter 605                   | duties, ånd I am fa<br>. F.S. Or. if this d                                | miliar with<br>locument is i | and accept<br>being filed |
| Signatur                                   | re of Registered Agent   |   |   |  |                              |                           |