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COVER LETTER

TO: Registration Section Division of Corporations							
VANGUARD INVESTME	NT HO	יו ויווונ	11 25	C			
SUBJECT: VANGUARD INVESTMENT HOLDINGS, LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Char	nge and	fee(s)	are submitted for filing			
				_			
Please return all correspondence concerning thi	s matte	r to the	followi	ing:			
Tae Shin							
Name of Person							
Shin Law Firm, P.A.							
Firm/Company			_				
201 E. Pine St., Suite 320							
Address							
Orlando/ FL 32801							
City/State and Zip Code							
tshin@shinlawgp.com							
E-mail address: (to be used for future annual	ual repo	rt notifi	cation))			
For further information concerning this matter,	please o	eall:					
Tae Shin	at (407	_)	730-7814			
Name of Person			Area	Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following	amoun	t:					
\$25 Filing Fee		□ \$5	5 Filin	g Fee & Certified Copy			
INHS18 (2/14)							

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. Name of the limited liability com	pany: VANGUARI) INVESTMENT	HOLDINGS, LLC		
2. (a) 5037 SHOREWAY LOC		(b) C/O ORLANDO RESORTS RENTAL, LLC			
Principal office address of lin			Mailing address of limited	l liability company:	
UNIT #203		PO BO	X 692697		
ORLANDO, FL 3281	9	ORLAN	IDO, FL 32869		
05/11/2015		<u>L</u>	15000082709		
3. Date of filing/registra	ition in Florida	4.	Document number		
5. (a) Tae Shin			_		
Registered Agent and Registered Off C/O SHIN LAW FIRM, P.		he Florida Dept. of Sta	te:	i	
Registered Office Address (MUS	T BE FLORIDA STREET A	(DDRESS)	_	MAY 2	
7680 Universal Blvd., Sui	te 198			. 6	
Orlando	, FL	32819	-	Part with the second of the se	
(b) Tae Shin				- 	
Enter name of NEW Registered Age	ent and/or NEW Registered	Office address:			
201 E. Pine St.,			_		
NEW Registered Office Address:					
Suite 320			_		
Orlando	, FL	32801	_		
If the limited liability company is not the change or changes are made, the F agent will be identical. Or, in the case was/were authorized by an affirmative the articles of organization or the open	Florida street address of e of a Florida limited lia e vote of the members o	the registered office bility company, it f the limited liabili	e and the business of is hereby confirmed the ty company or as othe	fice of the registered hat the change(s)	
Signature of a member or authorized represe	antative of a manakay	TAC Shin	Printed or typed name o	fairnea	
I hereby accept the appointment as reprovisions of all statutes relative to the obligations of my position as regis to merely reflect a change in the regis notified in writing of this change. Signature of Registered Agent	eaistered naent and aur	ee to act in this cap performance of my I for in Chapter 60 tereby confirm that	nacity I further agree	e to comply with the	