L0000004138

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>‡</i>)
,		•
PICK-UP	☐ WAIT	MAIL
		
		<u> </u>
(Bu	siness Entity Name	:)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

N. Cossesson IAN 9 2007

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Vanacore Commericial Pro (Name of I	perties, LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Joseph T. Vanacore		
(Name of Person)		
Vanacore Commericial Properties, LL (Firm/Company)	<u>C</u>	
1293 N. US HWY 1 STE 3		
(Address)		
Ormond Beach, FL 32174		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Nancy Collins	at (386) 672-8285 Ext. 301	
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng 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 608.416 or 608.508, 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. The name of the limited liability	ty company is: Vanacore Commericial Properties, LLC
2. The mailing address of the lim	ited liability company is : 1293 N. US HWY 1 STE 3
Ormond Beach, FL 32174	
May 26, 2000	L0000006138
3. Date of filing/registration in Fl	orida 4. Document number
5. The name of the registered ager Florida Department of State:	nt and the registered office address as shown on the records of the
Terri H	łayes
	Name
1450 N	US HWY 1 STE 700
	Address 7 S 9
Ormon	d Beach, FL 32174
	City, State and Zip
6. The name and address of the ne	City, State and Zip w registered agent and/or office:
Joseph	Name US HWY 1 STE 3
	Name SA
1293 N	US HWY 1 STE 3
Florid	a street address (P.O. Box NOT acceptable)
Ormone	d Beach FL 32174
-	City, State and Zip
confirmed that after the change or and the business office of the regi liability company, it is hereby con of the members of the limited liab or the operating agreement of the	not organized under the laws of the State of Florida, it is hereby changes are made, the Florida street address of the registered office stered agent will be identical. Or, in the case of a Florida limited firmed that the change(s) was/were authorized by an affirmative vote polity company or as otherwise provided in the articles of organization limited liability company.
(Signature of a member or authorized representation	entative of a member)
Joseph T. Vanacore	
(Frinted or typed name of signee)	
Della Wardel	as registered agent and agree to act in this capacity. I further agree to statutes relative to the proper and complete performance of my duties, the obligations of my position as registered agent as provided for in ment is being filed to merely reflect a change in the registered office limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	
Division of Co	rporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00