## (0100004092

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



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2010 JUL -2 AM ID: 57
SECRETARY OF STATE

T. CLINE

JUL - 6 2010

**EXAMINER** 

6/30/10

## **COVER LETTER**

		Vactra De	بطام	11.0	t		
SUBJECT: Vectra Realty, LLC  Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Ag	ent/Registered	Office Char	ge ar	nd fee(s) ar	e submi	tted for	filing.
Please return all corresponde	ence concerning	g this matter	to th	e followin	g:		
		<del></del>	<del></del>		ا ج ع ج	* · · · · ·	<u></u>
Rana M. Go	orzeck, Esquir	·e					
Name o	of Person						
Ward	Damon				•		IAI SE
	ompany			14	:		L CR
							TAR
4420 Be	acon Circle						144
Addı	ress					•	
,	•						102
West Palm F	Beach, FL 334	07					골ੜ (
	and Zip Code	· <u>···</u>	——				<del>2</del>
- Cityround	ind hip code						
rgorzeck@warddamon.com E-mail address: (to be used for future annual report notification)							
2-man address. (to be used for facults annual report normalism)				١.			
For further information con-	cerning this ma	tter, please	all:	•	•		
					·	· ******* .**	
Rana M. Gor	zeck	at ( 56	<b>3</b> 1	<b>`</b>	842	-3000	
Name of Person		at ( <u>o</u> .		rea Code & Da			mber
					*****		
STREET/COURIER	ADDRESS:			LING ADD			
Division of Corporations Division				ation Section n of Corporations ox 6327			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				4			
Tallahassee, Florida 3						•	
Enclosed is a check	for the faller	dna amaz	٠.				
	r voi the inion		_			1	
\$25 Filing Fee		[	1 \$55	Filing Fee	& Cert	ified Co	py

## 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.

Name of the limited liability company:	Vectra Realty, LLC				
2. (a) Principal office address of limited liability company	125 Pennsylvania Avenue				
(Note: MUST BE STREET ADDRESS)	South Ke <u>arny, NJ 07032</u>				
(b) Mailing address of limited liability company:	125 Pennsylvania Avenue				
(Note: MAY BE POST OFFICE BOX)	South Kearny, NJ 07032				
03/16/2001	L01000004092				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Deptrof State:				
Registered Agent:	BDB Agent Co.				
Registered Office Address:	5355 Town Center Road Suite 900 Boca Raton, FL 33486				
(b) Enter name of NEW Registered Agent and/or NEV	$\mathcal{L}^{(i)}$				
NEW Registered Agent:	Rana M. Gorzeck, Esquire-Ward Damon				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4420 Beacon Circle				
•	West Palm Beach ,FL 33407				
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fi and the business office of the registered agent will be ident liability company, it is bereby confirmed that the change(s) of the members of the imited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Printed or typed name of signee	orida street address of the registered office				
	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00