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COVER LETTER

Division of Corporations		
SUBJECT: VNJ Properties, LLC	imited Liability Company)	
(Name of E	mined Elability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
	•	
Please return all correspondence concerning	this matter to the following:	
Thedore J. Hamilton		
(Name of Person)	<u> </u>	
Wetherington Hamilton Harrison	& Fair. P.A.	
(Firm/Company)		
PO Box 172727		
(Address)		
Tampa El 22672 0727		
Tampa, FL 33672-0727 (City/State and Zip Code)		
(0.0,0000 000 000)		
For further information concerning this matte	er, please call:	
Jessica Zehr	at (813) 225-1918 x17	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	g 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 company is: V	NJ Properties, LLC	
2. The mailing address of the limited liability comp	pany is :	
4919 Denver Street, Tampa, FL 33619		
10/25/2001	L01000018497	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the	
Theodore Hamilton		
400 N. Tampa Stree		
Tampa, FL 33602	ate and Zip	
6. The name and address of the new registered agent and/or office:		
The and one Hamilton		
Name 1010 N. Florida Ave. Florida street address (P.O. Box NOT acceptable)		
1010 N. Florida Ave. Florida street address (P.O. Box NOT acceptable)		
·		
	TL 33602	
City, Stat	e and Zip	
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability company or the operating agreement of the limited liability company or the limited	e, the Florida street address of the registered office	
(Signature of a memoer of authorized representative of a memoer)	-	
(Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address. Thereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in the merely reflect a change in the registered office company has been notified in writing of this change.	

(Signature of Registered Agent)