## - L02000003711

V.P.I. Management Co. UC (Requestor's Name)  2201 Corporate Square, Blvd.,  (Address)  Jacksonville Fl. 32216  (Address)	60001371800
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/26/0390048033
(Business Entity Name)	
(Document Number)	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provis liability company subn agent, or both, in the S	uits the following states	16 or 608.508 nent in order i	, Florida Statutes, t to change its registe	he undersigned i red office or regi	imited istered
1. The name of the lim	ited liability company i	s: V.P.I. Ma	nagement Co., LLC	3	
2. The mailing address	of the limited liability	company is:	2201 Corporate Sq	puare Blvd.	
Jacksonville, FI	. 32216				
2/15/02			L02000003711		
3. Date of filing/registr	ation in Florida		4. Document number	er	
5. The name of the regi Florida Department	stered agent and the reg of State:	istered office a	address as shown on (	the records of the	
	Vict	or D. Inset	ta		
		Name			
	2201 Corr	orate Square	Blvd.	= -	
		Address		AL: 93	
		nville, FL 3		CCKET LAH	
	Cir	y, State and Zij	<b>)</b>	<b>₩</b>	11
6. The name and addres	is of the new registered	agent and/or o	ffice:	HAR 26 PH CCRETARY OF LAHASSEE FI	•
	American Technica	al Ceramics	(Florida), Inc		
		Name		H 2: 42  FLORIDA	
	2201 Corpo	rate Square	Blvd.	3 R	į
	Florida street addre	ess (P.O. Box N	IOT acceptable)	<b>D</b> '''	
	Jacksonville	FL	32216		
	City,	State and Zip			
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limithe operating agreement.	change or changes are of the registered agent the registered agent the the the third that the ten in the distribution of the limited liability of the limited liability	made, the Flori will be identica he change(s) was r as otherwise company.	da street address of t l. Or, in the case of a as/were authorized by provided in the article	the registered offi a Florida limited y an affirmative v	ote of
(Signature of a member or auti	iorized representative of a mem	1001)			
Victor D. Insetta (Printed or typed name of sign	- <del>-</del>			-	
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or l address, I hereby confit	ointment as registered ons of all statutes relati and accept the obligation of this document is being that the limited liabi	agent and agre ive to the prope ons of my positi g filed to merel lity company hi	e to act in this capac r and complete perfo on as registered age y reflect a change in as been notified in wi	tity. I further agr frmance of my du nt as provided for the registered off riting of this chan	ee to ties, in ice ge.
(Signature of Registered Agent	mix.	<del></del>			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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