LO ZO 000 31919

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DIVISION OF CORPORATIONS
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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.

agent, or both, in the Stat	e of Florida.				
1. The name of the limite	ed liability company is:	Victor Lee Ass	sociates, LLC		
2. The mailing address of	f the limited liability co	ompany is : 1522	Saint Edmu	nds Place,	
Heathrow, FL 32746					
November 27, 2002	L0	L02000031919			
3. Date of filing/registrat	4. D	4. Document number			
5. The name of the register Florida Department of	State:	·	ess as shown o	n the records of	f the
	Corporation Service				
	1201 Hays Street	Name			
	Tallahassee, FL 32				
	City,	State and Zip			. 0
6. The name and address	of the new registered ag	gent and/or office:	:	ua uc i	
	Gary Ringler			CT -6	
	2938 Egrets Landin	Name ig Drive	. ,	<u></u>	8-4
	Florida street address (P.O. Box NOT acceptable)			1 2:	3 88
	Lake Mary	_{FL} 32746		2	: 를위
	City, S	State and Zip			(2)
If the limited liability con confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company.	nange or changes are methor registered agent with the registered agent with the distribution of the limited liability company or a significant company or a significant company of the limited liability company.	ade, the Florida sill be identical. On the change(s) was/we as otherwise proving an annual.	treet address o	f the registered	loffice
(Signature of a member or author	ized representative of a membe	er)			
Gary Ringler, Member					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address I hereby confirm	ntment as registered as s of all statutes relative d accept the obligation his document is being ful that the limited liabilit	gent and agree to e to the proper an s of my position a filed to merely ref. ty company has be	act in this cap d complete per is registered as lect a change i cen notified in	acity. I further formance of most as provide in the registere writing of this	agree to y duties, d for in d office change.
(Signature of Registered Agent)			**		•

FILING FEE: \$25.00

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