## \_02000034842

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



200026994762

U2/10/04--01014--003 \*\*25.00

**CAPITAL CONNECTION, INC.**, 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

•			
1P 100, LLC	OF EB-S PAR		
	70. P		
	Art of Inc. File		
	LTD Partnership File		
	Foreign Corp. File		
	L.C. File Amend		
	Fictitious Name File		
	Trade/Service Mark		
	Merger File		
	Art. of Amend. File		
	RA Resignation		
	Dissolution / Withdrawal		
	Annual Report / Reinstatement		
	Cert. Copy		
	Photo Copy		
	Certificate of Good Standing		
	Certificate of Status		
	Certificate of Fictitious Name		
	Corp Record Search		
	Officer Search		
	Fictitious Search		
Signature	Fictitious Owner Search		
	Vehicle Search		
- N	Driving Record		
Requested by: WW Ag	UCC 1 or 3 File		
Name Date Time	UCC 11 Search		
Waller Tee Will Die Fie	UCC 11 Retrieval		
Walk-In Will Pick Up	Courier		

## 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: VP 100, LLC					
	2. The mailing address of the limited liability company is: 1701 PARK CENTER DRIVE,					
	ORLANDO, FL 32835					
	12/26/02		L02000034842	一直五丁		
	3. Date of filing/registration in Florida 4. Document num		4. Document number	in Si io m		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  CHRISTOPHER GIBSON						
Name			書か 5			
	1701 PARK CENTER DRIVE					
Address ORLANDO, FL 32835						
City, State and Zip						
6. The name and address of the new registered agent and/or office:						
BOGIN, MUNNS & MUNNS				•••		
	2601 TECHNOLOGY DRIVE					
	Florida street address (P.O. Box NOT acceptable)					
	ORLANDO, <sub>FL</sub> 32804					
City, State and Zip						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.						
	(Signature of a member or author	zed representative of a member)	<u> </u>	•		
Kevin H. Azzouz, Manager						
	(Printed or typed name of signee)					
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)					

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

INHS18(10/99)

**FILING FEE: \$25.00**