

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Mame

: AKERMAN SENTERFITT & EIDSON - Ly Relecca Maty 407-419-8419 : 076656002425

Account Number : 076656002425 Phone

: (407)843-7860

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: (407)843-6610

REGISTERED AGENT CHANGE

AL.

VP OFFICES 1000, LLC

Certificate of Status	0
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Corporate Filing

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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 affector registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: VP OFFICES 1000, LLC
2. The mailing address of the limited liability company is: 1701 PARK CENTER DRIVE
ORLANDO, FLORIDA 32835
01/30/2003 L03000003769
3. Date of filing/registration in Florida 4. Document number
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 1701 Park Center Drive Address Orlando, Florida 32835 City, State and Zip 6. The name and address of the new registered agent and/or office: Sheetal Concalez Name The Park Center Name Florida street address (P.O. Box NOT acceptable) City, State and Zip 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. [Figure of member of infloring representative of a member] [Figure of 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. [Spranne of Registated Agent] Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHSUR(1009) FILING FEE: \$25.00

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