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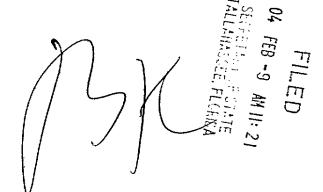
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
Riv	einace Entity Nan	ne)			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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CAPITAL CONNECTION, INC.

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

•	
1P 600 LLC	
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File AMCO
	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
- 3	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Traine Date Time	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	d liability company is:	VP 600, LLC		
		npany is : 1701 PARK CE	NTER DRIVE,	
ORLANDO, FL 32835	-			
05/15/03		L0300001759	0 兵会 4	
3. Date of filing/registration in Florida		4. Document nu	mber E B T	
5. The name of the register Florida Department of S		ered office address as shown BSON	5 m 3 m	
	1701 PARK CENTE	Name R DRIVE		
	ORLANDO, FL 3283	Address 35 State and Zip	-	
6. The name and address of the new registered agent and/or office:				
BOGIN, MUNNS & MUNNS				
	2601 TECHNOLOG	ame Y DRIVE	•	
Florida street address (P.O. Box NOT acceptable)				
	ORLANDO,	FL 32804		
	City, Sta	ate and Zip	•	
confirmed that after the ch and the business office of	ange or changes are ma the registered agent will eby confirmed that the c I liability company or as	nder the laws of the State of de, the Florida street address be identical. Or, in the case change(s) was/were authorizes otherwise provided in the ampany.	of the registered office of a Florida limited	
(Signature of a prember or authorize	zed representative of a member)	·		
Kevin H. Azzouz, Mana	ger			
(Printed or typed name of signee)				
(Mary M	ntment as registered ages of all statutes relative laccept the obligations his document is being furnat the limited liability	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a change company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n 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