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**EXAMINER** 



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DIVISION OF CGRPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Vinson Group, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deborah Beall Vinson Name of Person		
The Vinson Group, LLC Firm/Company		
3004 US Hwy 98 N		
Lakeland, FL 33805 City/State and Zip Code		
Vin Sond Obeallins, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  Deborah Vinson  Susan Bassford at (863) 688-5400		
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy		

## 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
1. Name of the limited liability company: The	Vinson Group, LLC
2. (a) Principal office address of limited liability compa	nny:
(Note: MUST BE STREET ADDRESS)	3004 US HWY 98N Lakeland, FL 33805
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3004 US HWY 98N Lakeland, FL 33805
8/26/03	L03000032151
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	Deborah Beall Vinson
Registered Office Address:	2336 Griffin Rd
	<u>Lakeland, 1-C 33810</u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address:
	3004 US HWY 98N
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
	Lakeland ,FL 33805
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as office or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability compositions of the limited liability compositions of the limited liability compositions.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized-by an affirmative vote nerwise provided in the articles of organization my.  99 DEC 31 FILED

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent