## L05000003655

(Requestor's Name)  (Address)  (Address)	300056330183
(City/State/Zip/Phone #)	06/24/0581001005 **55.00
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	OS JUN 23 AM 7: 38 SLORETANY STATE ATTALL AHASSEE. FLORIDA
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June 23, 2005

## ):

CORPORATION NAME (S) AND DOCUMENT NUMBER			
VSP Solutions, LLC			
Filing Evidence  □ Plain/Confirmation Co	эру	Type of Document  Certificate of Status  Certificate of Good Standing	
☑ Certified Copy		☐ Certificate of Good Standing	
		□ Articles Only □ Articles Only	
		□ All Charter Documents to Include	
Retrieval Request		Articles & Amendments   Fictitious Name Certificate	
□ Photocopy		Fictitious Name Certificate	
□ Certified Copy		□ Other	
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability	X	Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other		Merger	
	<b></b>		
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	

Other

## '-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.

0	agent, or both, in the blate of x fortain	
1.	1. The name of the limited liability company is: VSI	' Solutions, LLC
	2. The mailing address of the limited liability compa	
_		
Ja	January 13, 2005	L 05 000003655
3.	3. Date of filing/registration in Florida	4. Document number
5.	5. The name of the registered agent and the registered Florida Department of State:	l office address as shown on the records of the
	Corporation Service Compa	ny ··
	Na	me
	1201 Hays Street	75 OF
	Add	ress FE = 1
Tallahassee, FL 32301-2525		· 全商 星 三
	City, Stat	e and Zip
6.	6. The name and address of the new registered agent	ress 5 e and Zip and/or office:  and/or office:
	Eric Ferrara	Tog +
	Nam	- SE 3
	114 Via Veracruz	ge &
	Florida street address (P.	O. Box NOT acceptable)
	Jupiter F	
	City, State	and Zip
an lia	If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charthe members of the limited liability company or as of the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or
(Si	(Signature of a member or authorized representative of a member)	· · · · · · · · · · · · · · · · · · ·
Eri	Eric Ferrara	
	(Printed or typed name of signee)	
	I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con Eric Ferrara  (Signature of Registered Agent)	ind agree to act in this capacity. I further agree to the proper and complete performance of my auties, my position as registered agent as provided for in to merely reflect a change in the registered office upany has been notified in writing of this change.

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

INHS18(10/99)

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