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SECRETARY OF STATE
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COVER LETTER

Division of Corporations				
SUBJECT: Vanacore Holdings LLC (Name of Limit	ted Liability Company)	·		
`				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
,	J			
Joseph T. Vanacore				
(Name of Person)				
	2001 JAN -8 SECRETARY LLAHASSE	G		
Vanacore Holdings LLC	JAN HAS			
(Firm/Company)	SSE - 8	FILED		
	## D			
1293 N. US HWY 1 STE 3		O.		
· (Address)	1: 30			
Ormond Beach, FL 32174				
(City/State and Zip Code)				
For further information concerning this matter, pl	lease call:			
	070.0005.57 / 004			
	(386) 672-8285 Ext. 301	1		
(Name of Person)	(Area Code & Daytime Telephone N	umber)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following an	mount:			
✓ \$25 Filing Fee	\$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. The name of the limite	ed liability company is:	Vanacore Hol	dings LLC			
2. The mailing address o	f the limited liability cor	mpany is : <u>1</u>	293 N. US HWY 1	STE 3	·	
Ormond Beach, FL 32174						
August 7, 2002			L0500009947 7			
3. Date of filing/registrat	ion in Florida		4. Document nu	mber		
5. The name of the register Florida Department of		ered office a	ddress as shown	on the	record	s of the
	Terri Hayes					
		Name		_		
	1450 N US HWY 1 ST	E 700		_		
,	A	Address		-		
	Ormond Beach, FL 32			_		
	City, S	tate and Zip)			•
6. The name and address	of the new registered age	ent and/or o	ffice:	TALI	200	
	Joseph T. Vanacore			ACR	<u>ت</u>	
	N 1293 N. US HWY 1 ST	ame E 3		TAR	JAN -	
	Florida street address	(P.O. Box N	OT acceptable)	ليراث	œ U	M
	Ormond Beach	FL 32174		STA LOR	_ 	O
	City, Sta	ate and Zip		DE A	30	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author Joseph T. Vanacore	hange or changes are ma the registered agent will reby confirmed that the nited liability company o nt of the limited liability	ide, the Flor I be identica change(s) we or as otherwi- company.	ida street address l. Or, in the case as/were authoriz	of the of a F ed by a	registe Ilorida I an affiri	ered office limited mative vote
(Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I Wereby confirm	intment as registered agns of all statutes relative ad accept the obligations this document is being fit that the limited liability	ent and agre to the prope of my positi led to merel company hi	ee to act in this c or and complete t ion as registered y reflect a chang as been notified i	apacity perforn agent e in the in writi	v. I fur nance o as prov e regist ing of th	ther agree to If my duties, ided for in ered office his chänge.
(Signature of Registered Agent)		N D /225	T. II.I. T		1.4	
// Divisio	on of Corporations, P.O	J. Box 6327,	, Tallahassee, Fl	L <i>3</i> 231	14	

FILING FEE: \$25.00