1000009405

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JUL: 3 1 2012 L. SELLERS		
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SECRETARY OF STATE

FILED 2 JUL 27 AMIII:

COVER LETTER

PO: Registration Section Division of Corporations		
	artners, 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:		
Leonard Vandermast		
Name of Person		
VP Partners, LLC.		
Firm/Company		
400 Analla Basah Blud		
429 Apollo Beach Blvd. Address	<u>. </u>	
$\gamma = \gamma \epsilon$		
Apollo Beach , FL 33572	237 375 3 3 2 3 3 3	
. City/State and Zip Code		
Lvandermast@ussa1.com E-mail address: (to be used for future annual report notification		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Leonard Vandermast at (at (813) 6454588 Area Code & Daytime Telephone Number	
Name of Person	Atea Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$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.

Name of the limited liability company:	VP Partners, LLC
2. (a) Principal office address of limited liability company	429 Apollo Beach Blvd
(Note: MUST BE STREET ADDRESS)	Apollo Beach, Fl 33572
(b) Mailing address of limited liability company:	429 Apollo Beach Blvd
(Note: MAY BE POST OFFICE BOX)	Apollo Beach, FL 33572
01/26/2006	L0600009405
	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Leonard Vandermast
Registered Office Address:	6544 US Hwy 41 N Apollo Beach, FL 33572
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	V Registered Office address: Leonard Vandermast 429 Apollo Beach Blvd Apollo Beach, FL 33572
(MUST BE FLORIDA STREET ADDRESS)	Apollo Beach, FL 33572
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. Leonard Vandermast Printed or typed name of signee I hereby accept 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.	
chapter 606, F.S. Or, if this document is being fitted to men address, I hereby confirm that the limited liability company	has been notified in writing of this change.

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

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