

LOG 0000 74765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

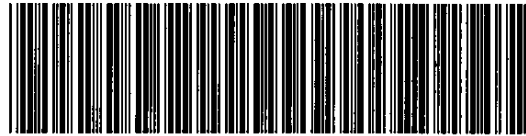
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 29 2006  
TALLAHASSEE, FLORIDA

FILED  
AUG 29 11:09

# VIPRE Systems, LLC

1417 North Semoran Blvd. Ste 207

1-800-939-2144

1-800-939-2103

August 28, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This is a notice of a change of address for the following Limited Liability Corporation:

Address on file:

Vipre Systems, LLC  
2750 Taylor Avenue Ste. C  
Orlando, Florida 32806

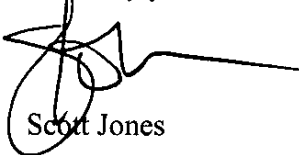
New address to be changed on file:

Vipre Systems, LLC  
1417 North Semoran Blvd. Ste 207  
Orlando, Florida 32807

Please change the address on file and send all Correspondences to the new address.

Thank you and if you have any questions, please feel free to contact Scott Jones at (904) 491-9217.

Sincerely yours,



Scott Jones

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIPRE Systems 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:

W. SCOTT JONES  
(Name of Person)

VIPRE Systems, LLC  
(Firm/Company)

1417 N. SEMORAIN Blvd. Ste 207  
(Address)

Orlando FL. 32807  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

W. SCOTT JONES at (407) 491-9217  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 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.*

1. The name of the limited liability company is: VIPRE Systems, LLC
2. The mailing address of the limited liability company is: 1417 N. Semoran Ste 207  
Orlando, Florida, 32807
3. Date of filing/registration in Florida July 28<sup>th</sup>, 2006
4. Document number L06000074765

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William S Jones  
Name  
2750 Taylor Avenue, Suite C  
Address  
Orlando, FL 32806  
City, State and Zip

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TALLAHASSEE, FLORIDA

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6. The name and address of the new registered agent and/or office:

Attorney Mario Garcia  
Name  
400 N. Ferncreek Avenue  
Florida street address (P.O. Box NOT acceptable)  
Orlando, FL 32803  
City, State and Zip

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.

W. Scott Jones  
\* (Signature of a member or authorized representative of a member)

W. Scott Jones  
\* (Printed or typed name of signer)

*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.*

Mario Garcia  
\* (Signature of Registered Agent)

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