Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000102844 3)))



H120001028443ABCW

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Division of Corporations

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Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.

Account Number: 104076000124
Phone: (305)476-7100

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A. LUNT

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EXAMINER

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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. Name of the limited liability company: | VTT_D | <u>ISTRIBUTION</u> | I, LLC | |
|--|---|--|---|-------------|
| 2. (a) Principal office address of limited liability c | ompany; | 8880 NW | 20TH STREET | |
| (Note: MUST BE STREET ADDRESS) | SUIT DOR | E A AL. Fl. 33172 | | |
| (b) Mailing address of limited liability company | 7 : | 8880 NW 20TI | H STREET | |
| (Note: MAY BE POST OFFICE BOX) | SUIT DOR | E A AL. FL 33172 | | |
| 09/25/2006 | | L060000 | 94075 | |
| 3. Date of filing/registration in Florida | 4. Doc | ament number | | |
| 5. (a) Registered Agent and Registered Office sho | own on the reco | ords of the Florida | Dept. of State | |
| Rogistered Agent: | BENS | ADON, RODNE | 71.1 | |
| Registered Office Address: | <u>8880</u> SUITI | NW 20TH STRE | . 241 | _ [7] |
| | | AL. FL 33172 | £0 = ' £ 12 | |
| (b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> ; | | etered Office add | | |
| NEW Registered Office Address: | 8880 NW 20TH STREET | | | |
| MUST BE FLORIDA STREET ADDRES. | sy Suit | E.A | | |
| | DOR | | ,FL <u>33172</u> | |
| If the limited liability company is not organized und 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 choof the members of the amited liability company or a or the operating agreement of the limited liability confirmed that the choof the members of the limited liability confirmed that the choof the limited liability confirmed that lia | ler the laws of the Florida so identical. O ange(s) was/was otherwise prompany. | the State of Florid reet address of th r, in the case of a ere authorized by ovided in the artic | la, it is hereby e registered office Florida limited an affirmative voteles of organization | e 1 |
| DODNEY D DENIGADON AGAMAGE | B | | | |
| Printed or typed aum of signes / | <u> </u> | | | |
| I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familial with and accept the obligations of Chapter 600, F.S. Or, if this document is being filed address, I gereby comfirm that the limited liability of Signature of Registered Agent | t and agree to the proper and the prosition a d to merely ref ompany has be | get in this capaci a complete perfor s registered agent ect a change in the en notified in writ | ty. I further agree mance of my autie: as provided for in ie registered office ting of this change. | to s, |
| | | | | |

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

INHS18 (05/08)

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