L07000002808

(Requestor's Name)		
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
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(Document Number)		
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SECRETARY OF STATE
ORDA

COVER LETTER

Division of Corporations			
SUBJECT: Vernica W, 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:			
Joel Hochberg Name of Person			
Toel Houhberg clo Veronica W, LLC			
317 Ocean Blvd			
Colden Beach, FL 33160 City/State and Zip Code			
Tarelle Crareci. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Janelle Camara a1 305, 932-7713			
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 \$25 Filing Fee & Certified Copy			



September 16, 2011

JOEL HOCHBERG 317 OCEAN BOULEVARD GOLDEN BEACH, FL 33160

SUBJECT: VERONICA W, LLC Ref. Number: L07000002808

We have received your document for VERONICA W, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 711A00021523

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,

agent, or both, in the State of Florida.	1.1.1
1. Name of the limited liability company: \(\frac{\fir}{\fir}}}}}}}}{\frac{\frac{\frac{\fir}{\firighta}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	onica W. LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Coolden Beach, Fl 33160
(b) Mailing address of limited liability company:	Golden Blyd
(Note: MAY BE POST OFFICE BOX)	NOTATION PARTY TO SOLUTION OF THE PARTY TO SOL
3. Date of filing/registration in Florida	L07 000 00 28 0 3 3 4. Document number
	四次 単 9
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent:	Corporects Agents 1971
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Joel Hochberg
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	317 Dean Blod Coolden Beach FL 33160
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hareby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00