## 101000045730

(Re	questor's Name)				
	·				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	<i>∓</i> #)			
•					
PICK-UP	☐ WAIT	MAIL			
•					
(Business Entity Name)					
(Do	cument Number)				
·					
Certified Copies	Certificates	of Status			
	<del></del>				
Special Instructions to Filing Officer:					
	•				

Office Use Only



600109209366

09/17/07--01015--005 \*\*75.00

2007 SEP 17 AM 11: 13
SECRETARY OF STATE



## **COVER LETTER**

<b> ✓</b> \$25 Filing Fee	<b>\$55</b>	Filing Fee & Certifie	d Copy
Enclosed is a check for the follow	ing amount:		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
(Name of Person)	,	Area Code & Daytime	Telephone Number)
Hazem Reda Bata, Esq.	at (904	687-7668	T. L. J No I. A
For further information concerning this ma		007 7000	2007 SEP 17 AM 11: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(City/State and Zip Code)		-	17 17 SSE
St. Augustine, FL 32086			T SEP I
621 Knollwood Lane (Address)		<del></del>	705 S S S S
Bata & Associates, P.A. (Firm/Company)		_	
(Name of Person)		-	
Hazem Reda Bata, Esq.		_	
Please return all correspondence concerning	ng this matter to t	the following:	
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitte	ed for filing.
Dear Sir or Madam:			
(i taine o	I Dilliton Didolli	iy company)	
SUBJECT: VB CONSULTING GROUND (Name o	JP, LLC f Limited Liabili	ty Company)	<u>_</u>
Division of Corporations			
TO: Registration Section			

## 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.

ugei	n, or boin, in the state of 1 tortau.		
1. 7	he name of the limited liability company	is: VB CONSULTING GROUP, LLC	<u>-</u>
2. 7	he mailing address of the limited liability	y company is : 11738 Delwick Dr., V	Vindemere, FL 34786
05/0	1/2007	L07000045730	
3. Date of filing/registration in Florida 4. Document num		ber	
	ne name of the registered agent and the re orida Department of State:	egistered office address as shown o	on the records of the
•	SOULSBY, VINC	CENT	
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	Name	
	4700 MILLENIA B		
		Address	
	ORLANDO FL 328		
	Ci	ity, State and Zip	200 17A
6. T	ne name and address of the new registere	d agent and/or office:	2001 SEP 17 SECRETARY TALLAHASSI
	BOURBEAU, JOH	HN .	HT -
		Name	SSE T
	11738 Delwick Dr.		ma F
	Florida street add	ress (P.O. Box <b>NOT</b> acceptable)	AMIII: 14 SEE, FLORID
	Windermere	FL 34786	
	City	y, State and Zip	ŕ
conf and liabi of the or the	e limited liability company is not organize irmed that after the change or changes are the business office of the registered agent lity company, it is hereby confirmed that he members of the limited liability compare operating agreement of the limited liability compared to the	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the ility company.	of the registered office of a Florida limited I by an affirmative vote
<u>в</u> ОІ	RBEAU, JOHN		
	ed or typed name of signee)		•
X	reby accept the appointment as registere oly with the provisions of all statutes relations and familiar with and accept the obligation of the confirmation of the limited liables, Thereby confirm that the limited liables of Registered Agent)	d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change whity company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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