

DSEP. 13. 2012

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ACKERMAN LINK SARTORY

NO. 5511

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ACKERMAN, LINK & SARTORY, P.A.
Account Number : 110435002274
Phone : (561) 838-4100
Fax Number : (561) 838-5305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
VIRTUAL SNOW OF PALM BEACH COUNTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACKERMAN LINK SARTORY

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NO. 5511 P. 2

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: Virtual Snow of Palm Beach County, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

5801 Whirlaway Road
Palm Beach Gardens, FL 33418

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

5801 Whirlaway Road
Palm Beach Gardens, FL 33418

9/21/2007

L07000096743

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Wendy S. Link

Registered Office Address:

222 Lakeview Avenue, Suite 1250
West Palm Beach, FL 33401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Wendy S. Link

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

777 South Flagler Drive
Phillips Point, Suite 800 East
West Palm Beach, FL 33401

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.

Signature of a member or authorized representative of a member

KIMBERLY L. ACKERMAN, Mgrm.

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.

Signature of Registered Agent

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

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