

**#**  
**L08000007442**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

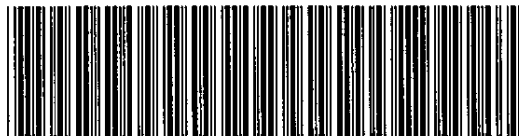
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 JUL -7 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 10 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vacation Management, 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:

Ariel Furmansk

Name of Person

Vacation Management, LLC

Firm/Company

4471 NW 36<sup>th</sup> ST Suite 208

Address

Miami Springs, FL 33166

City/State and Zip Code

Vacationmanagement@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabio Penalosa

Name of Person

at (786) 382-8244

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 605.0114 or 605.0116, 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: Vacation Management, LLC
2. (a) 4471 NW 36<sup>th</sup> ST, Suite 208  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Miami Springs, FL 33166
- (b) 4471 NW 36<sup>th</sup> ST, Suite 208  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Miami Springs, FL 33166
3. 01/22/2008  
Date of filing/registration in Florida
4. L08000007442  
Document number
5. (a) Ariel Furmanski  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
700 S Royal Poinciana Blvd.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 704  
Miami Springs, FL 33166
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
669 NE 191 TER  
**NEW Registered Office Address:**  
Miami, FL 33179

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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]  
Signature of a member or authorized representative of a member

Ariel Furmanski

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 605, 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]  
Signature of Registered Agent

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