LO800001734

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Bu	siness Entity Name)				
	•				
(Do	cument Number)				
Certified Copies	Certificates of Status				
Special Instructions to I	Filing Officer:				
L. SELLERS JUL -2 2009					
	KAMINER				



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Office Use Only

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COVER LETTER

то:	Registration Section Division of Corporation	ns												
SUBJECT: VCNA Prestige Florida Holdings, LLC Name of Limited Liability Company														
Dear	Sir or Madam:				,									
Dour !	on or madum.													
The e	nclosed Registered Ager	t/Registered O	ffice C	hange	e and fee(s) ar	re submitted for filing.								
Please	e return all corresponden	ce concerning	this ma	tter to	the followin	g:								
	0 "	·	,											
	Scott C													
	Nume of t	Cison												
	Glazier & G	lazier, P.A.												
	Firm/Com				_									
	8825 Perimeter Park		uite 504	1										
	Jacksonville, F				_									
E	sglazier@glazi -mail address: (to be used for fut	erlawfirm.com ure annual report no	1 otification)			~							
For fu	rther information concer	ming this matte	er, pleas	e call	l:									
	Scott Glazier		at (904)	997-1033								
	Name of Person				Area Code & Day	ytime Telephone Number	_							
	STREET/COURIER A	DDRESS.		MA	AILING ADD	DFCC.								
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			Registration Section Division of Corporations P.O. Box 6327											
										Tallahassee, Florida 32314				
										Tallahassee, Florida 3230)1			
				Enclosed is a check fo	r the followin	g amou	nt:							
	\$25 Filing Fee		Γ	\$5	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 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:	VCNA Pre	A Prestige Florida Holdings, LLC					
2. (a) Principal office address of limited liability	company:	8529 S Park Circle, Suite 320					
(<u>Note: MUST BE STREET ADDRESS</u>	Orl	ando, Florida 32	2819				
(b) Mailing address of limited liability compa	any:						
02/29/2008		L0800	0021734				
3. Date of filing/registration in Florida	4. D	ocument number					
5. (a) Registered Agent and Registered Office	hown on the re	ecords of the Flor	ida Dept. of S	tate:			
Registered Agent:	<u>Do</u>	uglas A. Booher	•				
Registered Office Address:	852 Orla	9 S Park Circle ando, Florida 32	, Suite 320 2819				
(b) Enter name of <u>NEW Registered Agent</u> a <u>NEW Registered Agent</u> :		egistered Office a	address:				
• •				·			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR.	<u>882</u>	izier & Glazier, I 25 Perimeter Pa :ksonville	rk Boulevard	l, Ste 504 32216			
If the limited liability company is not organized confirmed that after the change or changes are m and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member of authorized representative of a member Jolanta Malicki, Secretary Printed or typed name of signee	ade, the Florida Il be identical	a street address of	f the registered	d office			
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability. Signature of Registered Agent	tent and agree to the proper to to my position tiled to merely to company has	to act in this cape and complete per as registered ag reflect a change in been notified in v	acity I furthe formance of ment as provide the registere writing of this	r agree to ny duties, ed for in ed office change.			

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