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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations		
Division of Corporations		
SUBJECT: VCNA Prestige F	florida Holdings, 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:		
rease return an correspondence concerning and man	ter to the following.	
Stuart Jay Levine, Esquire		
Name of Person		
Walters Levine Klingensmith & Thomison, P	۸	
Firm/Company	·A	
· ····· company		
	·	
601 Bayshore Blvd., Ste. 720		
Address		
Tampa, Florida 33606		
City/State and Zip Code	 .	
slevine@WaltersLevine.com		
E-mail address: (to be used for future annual report notification))	
For further information concerning this matter, please call:		
Stuart Jay Levine, Esquire at (813) 254-7474	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, Fluitua 32314	
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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 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:VC	CNA Prestige Florida Holdings, LLC	
2. (a) Principal office address of limited liability cor		
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32819	
(b) Mailing address of limited liability company:	SSEE 3 11	
(Note: MAY BE POST OFFICE BOX)		
02/29/2008	L08000021784	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:	
Registered Agent:	Scott Glazier, Glazier & Glazier, P.A.	
Registered Office Address:	8825 Perimeter Park Boulevard, Ste 504 Jacksonville, Florida 32216	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Stuart Jay Levine, Esquire Walters, Levine, Klingensmith & Thomison, P.A. 601 Bayshore Blvd., Ste. 720 Tampa ,FL 33606	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability con Signature of a member of authorized representative of a member Felipe Lima, Manager Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of representative of a filed address, I hereby confirm that the limited liability con Signature of togistered agent	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization npany. and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (05/08)