LD800003023

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS SEP 1.4 2010 |
| EVANALED |
| EXAMINER |

Office Use Only



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09/10/10--01015--022 **55.00

SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| Division of Corporations | | |
| SUBJECT: Vince | nt Dove LLC | |
| | I Liability Company | |
| rame of Emilies | 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 m | atter to the following: | |
| Trease retain an correspondence concerning and in | and to the tone wing. | |
| | | |
| No and days | | |
| vincent dove Name of Person | | |
| Name of Person | | |
| | | |
| | | |
| Firm/Company | | |
| | | |
| 5656 Pinecrest Circle | | |
| Address | | |
| | | |
| Boca Raton, FL 33433 | | |
| City/State and Zip Code | ······ | |
| , , | | |
| vtid007@gmail.com | | |
| vtjd007@gmail.com E-mail address: (to be used for future annual report notification | on) | |
| | 11 | |
| For further information concerning this matter, ple | ase call: | |
| | | |
| vincent Dove at (at | 954) 601-6081 | |
| 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 | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| 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: | Vincent Dove LLC | | | |
|--|---|--|---|--|
| 2. (a) Principal office address of limited liability company: | | 5656 Pinecrest Circle | | |
| (Note: MUST BE STREET ADDRESS) | Boca Rat | on FL 33433 | · · · · · · · · · · · · · · · · · · · | |
| (b) Mailing address of limited liability company: | PC | Box 88064 | 5 | |
| (Note: MAY BE POST OFFICE BOX) | Boca Rat | on, FL 33488 | 3 | |
| 03/04/08 | | L0800002 | 23023 | |
| 3. Date of filing/registration in Florida | 4. Docume | nt number | | |
| 5. (a) Registered Agent and Registered Office shown o | n the records | of the Florida | Dept. of State: | |
| Registered Agent: | vincent de | ncent dove | | |
| Registered Office Address: | 3611 oaks clubhouse dr bldg 73 unit 201 pompano beach fl 33069 | | | |
| NEW Registered Agent: NEW Registered Office Address: | 5656 Pinecrest Circle | | | |
| (MUST BE FLORIDA STREET ADDRESS) | Boca Raton ,FL33433 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. | Florida street entical. Or, in (s) was/were a perwise provid | address of the the case of a lauthorized by | e registered office Florida limited an affirmative vote | |
| Signature of a member or authorized representative of a member | | | | |
| Vincent Dove Printed or typed name of signee | | | | |

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

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.

| Vincent Dove LLC | | |
|--|--|--|
| 7: 5656 Pinecrest Circle | | |
| Boca Raton FL 33433 | | |
| PO Box 880645 | | |
| Boca Raton, FL 33488 | | |
| L08000023023 | | |
| 4. Document number | | |
| he records of the Florida Dept. of State: | | |
| vincent dove | | |
| 3611 oaks clubhouse dr bldg 73 unit 201 pompano beach fl 33069 | | |
| 5656 Pinecrest Circle | | |
| Boca Raton ,FL33433 | | |
| aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the articles of organization organiz | | |
| | | |

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