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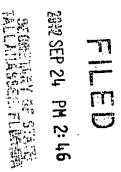
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J. BRYAN

SEP 25 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		ng & Home Management, LLC. of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to the following:
	Kimberly Osborne	
	Name of Person	
	VIP Staging & Home Managem	75.4 (1)
	Firm/Company	SET SET
	11246 Distribution Avenue Eas	SEP 24 PM 2: 16
	Jacksonville, FL 32250 City/State and Zip Code	2: 46
E	Kim@VIPStagingHomeMg -mail address: (to be used for future annual repo	t.com ort notification)
For fu	orther information concerning this m	atter, please call:
	Kimberly Osborne Name of Person	at (904) 735-0797 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 follow	wing 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:VIP Sta	nging & Home Management, LLC.
2. (a) Principal office address of limited liability compar	y: 11246 Distribution Ave East
(Note: MUST BE STREET ADDRESS)	Unit #1, Jacksonville, FL 32256
(b) Mailing address of limited liability company:	11246 Distribution Ave East
(Note: MAY BE POST OFFICE BOX)	Unit #1, Jacksonville, FL 32256
09/14/2012	L08000107026
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State: Kimberly Osborne
Designated Office Address	2164 Autumn Cove Circle
Registered Office Address:	Fleming Island, FL 32003
NEW Registered Agent: NEW Registered Office Address:	11246 Dirstribution Avenue East
(MUST BE FLORIDA STREET ADDRESS)	Unit #1
	Jacksonville ,FL 322569
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Kimberly Osborne Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of my prochapter 608, F.S. Or, if this document is being filed to meaderess, I hereby confirm that the limited liability company.	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.

Signature of Registered Agent