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From:

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Account Number : 120160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

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LLC REGISTERED AGENT CHANGE VINTAGE BUILDING AND DESIGN, LLC

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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 understanted limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. VINTAGE BUILDING AND DESIGN, LLC						
i, Na	me of the Limited Liability Company:					
2 (a)	200 LINDELL BLVD.		(b)			
(-)	Principal office address of timited liabili (Note: MUST BE STREET ADD		\- /-	Mailing address of limited liability scorpasy: (Note: HAY BE POST OF FICE ROX)		
	SUITE 919					
	DELRAY BEACH, FL 33483					
	3/13/2009		26-44	90332		
3.	Date of filing/registration in Fi	lorida	4,	Document number		
5. (a)	CLIFFORD I. HERTZ, P.A.			<u>_</u>		
	Registered Agent and Registered Office shown o	on the records of the	Florida Dept. of 8	taśc:		
	360 SOUTH ROSEMARY					
	Registered Office Address (https://doi.org/10.1001/10.	RIDA STREET ADI	022230			
	SUITE 1410					
	WEST PALM BEACH	, FL <u>_3</u>	3401			
(b)	Capitol Corporate Services, Inc.			_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>P</u>	E)Y REMERICA	HOL BUILDING			
	515 East Park Avenue 2nd Fl			-		
	NEW Registered Office Address:	 		-		
				•		
			· · · · · · · · · · · · · · · · · · ·			
	Tallahassee	, FL_3	2301			
the chagent was Author art	ero justionized by an affirmative vote of initial of organization or the operating agreement of a member or authorized representative of a	reet address of the rida limited liabil the members of the semant of the lim	e registered off lity company, in the limited liability of SHCVC	to and the business till too of the regulared it is hereby confirmed that the change(s) lity company or as otherwise provided in company. If J. Lowa owk 1 Printed or typed name of signee		
I here provis the ob to men notifie	by accept the appointment as registered tons of all statilies relative to the proper ligations of my position as registered assets reflect a change in the registered office in writing of this change.	agent and agree and complete pot ant as provided to lice address, I hen Balan Bal	to act in this conformance of more in Chapter been confirm the	apacity. I further agree to comply with the sy duffer, and I am Jamilliar with and accept 505, F.S. Or, if this document is being filed at the limited flability company has been tent Secretary on		
Fignal	ure of Hogistered Agent	to flarted	Capitol Con	porate Sarvices, Inc.		
Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 FILING FEE: \$25.00						

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