#110000043322

(F	Requestor's Name)	
(<i>f</i>	Address)	
(A	Address)	
(0	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
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DEPARTMENT OF STATE

K. SALY EXAMINER AUG 9 2012

ACCOUNT NO. : I2000000195				
REFERENCE : 299861 7883935				
AUTHORIZATION: Spullelena				
COST LIMIT : \$ 25.00				
ORDER DATE : August 2, 2012				
ORDER TIME : 12:07 PM				
ORDER NO. : 299861-010				
CUSTOMER NO: 7883935				
CHANGE OF AGENT				
NAME OF A CONTRACTOR AND				
NAME: VB ACQUISITION, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Moret EXT# 2949				

EXAMINER:

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: VB ACQUISI	TION, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 450 S. Orange Ave., Suite 500, Orlando FL 32801
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	450 S. Orange Ave., Suite 500, Orlando FL 32801
04/22/2010	L10000043322
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CFRA, LLC
Registered Office Address:	100 S. Ashley Dr. Suite 400 Tampa FL 33602 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address: Corporation Service Company
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the confereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Maure Other	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Signature of a member or authorized representative of a member) Maureen Cathell, Authorized Person	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
By: Swah Wint (Signature of Registered Agent) Corporation Service Company	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00