L10000076731

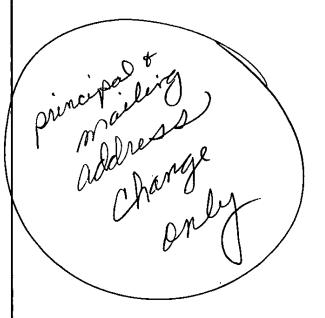
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
	•				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
·					

Office Use Only



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C. LEWIS

AUG 3 0 7010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Virtual Contracting Services Name of Limited Liability Company						
	Name	of Limited	a Liabii	lity Com	ipany	
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Register	ed Office	Change	and fee	(s) are submitted for filing.	
Please	e return all correspondence concerr	ning this m	atter to	the foll	owing:	
	·					
	Gretchen Marquard	<u>t</u>		_		
	Name of Person					
	Virtual Contracting Service	s, LLC		_		
	Firm/Company					
	1933 San Pablo Dr					
	Address					
	San Marcos, CA 920	78				
	City/State and Zip Code					
	gretchen.marquardt@yaho	oo.com	<u> </u>			
L	-man address. (to be used for future aimual rep	Jort nourican	JII)			
For fu	orther information concerning this r	natter, ple	ase call	:		
	Gretchen Marquardt	at (407	_)	408-7400	
	Name of Person			Area Code	& Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	ALING	ADDRESS:	
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
	Enclosed is a check for the follo	wing amo	ount:			
	\$25 Filing Fee			S Filino	Fee & Certified Conv	

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.