#L1000115637

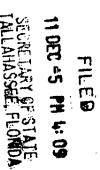
(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





200214852202

12/05/11--01015--003 **55.00



EXAMINER
DEC 6 2011

COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Value	eCentric, LLC	
	d 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	natter to the following:	
Coott C. Tochoor		
Scott C. Terhaar Name of Person		
ValueCentric, LLC		
Firm/Company		
3530 Kraft Road, Suite 202		
Address		
Naples, FL 34105 City/State and Zip Code		
City/state and Zip Code		
scott.terhaar@valuecentric.com		
scott.terhaar@valuecentric.com E-mail address: (to be used for future annual report notificati	on)	
For further information concerning this matter, ple	ase call:	
•		
Scott C. Terhaar at (716) 972-1634	
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 amo	ount:	
\$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:	ValueCentric, LLC	
2. (a) Principal office address of limited liability company	3530 Kraft Road, Suite 202	
(Note: MUST BE STREET ADDRESS)	Naples, FL 34105	
(b) Mailing address of limited liability company:	3530 Kraft Road, Suite 202	
(Note: MAY BE POST OFFICE BOX)	Naples, FL 34105	
11/5/2010	L10000115637	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
NEW Registered Agent:	David A. Flood	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3530 Kraft Road Suite 202	
	Naplès ,FL34105	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member David W. Janca Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of a member of the provisions of all statutes relative to the province of the province of the obligations of my positive to the province of the province of the limited liability company of the limited liability company.	was/were authorized by an affirmative vote wise provided in the articles of organization	
Sugniture of Regustered Joent		

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