L10000130258

(Re	equestor's Name)			
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	☐ WAIT	<u> </u>		
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COVER LETTER

~			No. 19 Miles
TO:	Registration Section		
	Division of Corporations		••
			·
,, ·:	VALLARO INVESTMENTS. I	LC	
SUBJ	ECT:		<u></u>
	Name	of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the	following:
Harb	or Compliance		
		····	<u></u>
	Name of Person		
Harb	or Compliance		
	<u> </u>		
	Firm/Company		
48-50	W Chestnut St Ste 301		
70-50			
	Address		
Lanc	ester, PA 17603		
			to the same of the
	City/State and Zip Code		
info@	harborcompliance.com		
	E-mail address: (to be used for future annua	al report notif	iontion)
	3-man address. (to be used for future aimus	ai report nour	ication)
For fu	rther information concerning this matter, p	lease call:	
roi iui	inter intermation concerning and matter, p	icase cuii.	
I I a ala	au Canadian an	747	702 0047
Harb	or Compliance	717 at (723-9317
	Name of Person	(Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	M	AILING 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			
	manasses, 1 fortal 32301		
	Enclosed is a check for the following a	mount:	
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
	_		
INHSI	8 (2/14)		

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 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.

ι.	Na	ime of the limited liability company: VALLARO IN	IVESTI	MENTS, L	LC	_
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14004 LUMINOUS LANE	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) .UMINOUS LANE	_
		WINDERMERE, FL 34786			RMERE, FL 34786	_
		12/22/2010		L100001	30258	
3. 5.	(a)	Date of filing/registration in Florida VALLARO, LINDA	- 4.		Document number	
J.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	- e:	
		Registered Office Address (MUST BE FLORIDA STREET) 14004 LUMINOUS LANE	ADDRES	27)	-	
		WINDERMERE , FL	34786			
(b)	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> REGISTERED AGENTS INC.	Office ad	ldress:	16 NOV -7 PH I2: 07 OIVISION OF CONFURNIONS	
		NEW Registered Office Address: 3030 N. Rocky Point Drive, STE 150A			2: 07 amidhs	*
		Tampa , FL	3360	7		
the age	cha nt w s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it is nited liabilit	e and the business office of the registers is hereby confirmed that the change(s) y company or as otherwise provided in apany.	жđ
_ <u>s</u>	ignat	ure of a member or authorized representative of a member		TON VALL	Printed or typed name of signee	_
I h pro the to n not	ereb visio obli nere itie	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.		t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and acce , F.S. Or, if this document is being file the limited liability company has been	e ot d
Sig	natur	Bill Havre/Assistant Secr	etary			

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