(Requestor's Name) (Address)	100236770641
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/25/1201038002 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TILLED FILED DIVISION OF CORPORATIONS 12 JUN 25 PM L: 01
Office Use Only B. KOHR JUN 2 9 2012 EXAMINER	

TO: Registration Section **Division of Corporations**

VG STRATEGISS, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NG STRATEDIO Firm/Company

4100 BILTMORS STREET

Address

HASSOG FL 32311 City/State and Zip Code TAU

MAN. RICHETTE GIMAIL. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jost Cooper

at (<u>SSD</u>) <u>SZ4 - 4101</u> Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$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: NG STRATEGIES. CLE

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

4100 BILTMORES	55 925
TALLAWASSOT, FL	333102
	JUN OFFICE
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	3 22
L1000015909	H: OI
1 Decument number	

Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

NIZAL SORVILOS, INC		
SIS GAST	PARK AUT	
THUMASSOU	PC 32301	

(b) Enter name of **<u>NEW Registered Agent</u>** and/or <u>**NEW Registered Office address**</u>:

NEW Registered Agent:	Jost Cooper
NEW Registered Office Address:	4100 BILTMORE ST
(MUST BE FLORIDA STREET ADDRESS)	TAMAHASSO5, FL 32311_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JOSH COOPER

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)