

L11000024266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B. KOHR  
AUG 29 2011  
EXAMINER



100211092841

08/25/11--01016--013 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 25 AM 8:08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** V/S Property Management, LLC  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
AUG 25 AM 8 08

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:

Lori Summers  
Name of Person

V/S Property Mgmt  
Firm/Company

13232 Hastings Lane  
Address

Ft. Myers FL 33913  
City/State and Zip Code

blue412@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Summers at (239) 823-2434  
Name of Person 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:**

☒ \$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: V/S Property Management LLC

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

(Note: **MUST BE STREET ADDRESS**)

13232 Hastings Ln  
Ft. Myers FL 33905

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Same

2/25/11

3. Date of filing/registration in Florida

4. Document number

L11000024266

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

Registered Agent:

Kenneth NoHurno

Registered Office Address:

5551 Luckett Rd  
Ft. Myers FL 33905

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

**NEW Registered Agent:**

Lori Summers

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

13232 Hastings Ln.

Ft. Myers, FL 33913

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.

Lori Summers  
Signature of a member or authorized representative of a member

Lori Summers  
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 hereby confirm that the limited liability company has been notified in writing of this change.

Lori Summers  
Signature of Registered Agent

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