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Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number: 076326003550 Phone . : (561)627-8100 Fax Number : (561)622-7603

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE V BAR RANCH, LLC

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**** Sep. 5. 2013 2:36PM FAN: #13-197689

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Puri liab agei	suc ilit nt,	ant to the provisions of sections 608.416 or 608.50 y company submits the following statement in order or both, in the State of Florida.	8, Florida Statutes, the understaned limited to change its registered affice of registered
l. 1	Var	ne of the limited liability company: VBAR RANCH, LLC	当か か
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	S28 PALM WAY GULFSTREAM, FL 33483	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	526 PALM WAY GULFSTREAM, FL 33463
03/15	/201	ıt ,	L11000031578
3. I	Dat	e of filing/registration in Florida	Document number
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
		Registered Agent;	INCORP SERVICES, INC.
		Registered Office Address:	17888 67TH COURT NORTH LOXAHATCHER PL 33470
((b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address: HAILE, SHAW & PFAFFENBERGER, P.A.
		NEW Registered Office Address:	680 US HIGHWAY ONE, THIRD FLOOR
		(MUST BE FLORIDA STREET ADDRESS)	NORTH PALM BEACH FL 33408
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.			
	_	S VAVRUS, JR. MANAGING MEMBER	
I he con and Cha ada By :	ere pl ipi ipi	or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to me ss. I hereby confirm that the limited liability company Haile, Shaw & P The of Registered Agent	gree to act in this capacity. I further agree to open and complete performance of my auties, sitton as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change. faffenberger, P.A.
-		Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

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