## 111000098002

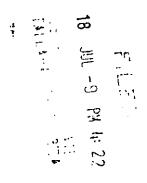
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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M 1 2 2018 & PRATMER

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJE	Virtual Vue LLC								
Name of Limited Liability Company									
Dear Si	r or Madam:								
The end	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.						
Please (	return all correspondence concerning th	is matter to the	e following:						
Victor	ia Mustoe								
	Name of Person		<del></del>						
Virtua	l Vue LLC								
	Firm/Company		<del></del>						
7065	West pointe blvd Suite 205								
	Address		<del></del>						
Orland	do								
	City/State and Zip Code		<del></del>						
32835	5								
E	-mail address: (to be used for future and	nual report noti	fication)						
For fur	ther information concerning this matter	, please call:							
Victori	a Mustoe	407 at (	319-7347						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee. Florida 32314						
	Tallahassee, Florida 32301  Enclosed is a check for the following	amount:							
	<b>2</b> \$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 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.

		(	b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	, <u> </u>	_		ed liability compa ST OFFICE BOX	
	7065 West Pointe Blvd		70	65 West Pointe	;		
	suite 205		sui	ite 205			
	Orlando florida 32835		Orla	ando Florida 32	835		
-	Date of filing/registration in Florida	4.		Document	number		
(a)	victoria Mustoe						
	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept	t, of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u>s)</u>		٠	e (B	
	7065 West pointe Blvd suite 205				2		
	Orlando Florida	32835				JII.	
	Nicholan Mustal					-9	•
b) _	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ld ress:	<del></del>		: :	
	7065 West Pointe B	luc				\$ 22 \$ 13 \$ 13 \$ 13 \$ 13 \$ 13 \$ 13 \$ 13 \$ 13	
	NEW Registered Office Address:		`				
	314						
			_ ^				
	$() \land () \land \land \land$	3	28	35			

Please find enclosed for to change the suite number on our sunbiz account please. The office has moved from suite 314 to 205.