7/2/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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 **VANTAGE PANAMA, LLC**

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Help

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

1. N	ame of the limited liability company: VANTAGE PAN	AMA, L	EC.		
2. (a)	27 Northwestern Drive Suite 2	((b) 27 Northwestern Drive Suite 2		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• '	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Salem NH 03079		Salem NI	03079	
	10:24/2011	_	L11000121	522	
3.	Date of filing/registration in Florida	4.	······································	Document number	
5. (a)	INCORP SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of a 17388 67TH COURT NORTH	lie Floric	la Dept. of Sta	(it)	
	Registered Office Address (MUST BE FLORIDA STREET A	UPKES	<u> </u>	1677 JUL -2	
	LOXAHATCHEE	33470		~	
(b)	C T Corporation System			Pii 12: 21	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ldress:	27	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation , FL	33324		_	
the cha agent was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ibility of if the lin	istered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	277	Ma	k Christina		
I here provise the obtained in my re-	ture of a member or muhorized representative of a member by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, 1 h d in writing of this change. C T Corporation System	ee to ac perform I for in pereby (t in this cap nance of my Chapter 60 confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent Kimberly Bowens, Asst. Sec.	retary			
	Division of Corporations P.O. B			ssee, FL 32314	

FILING FEE: \$25.00

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