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PICK-UP] WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filir	ng Officer:	

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G. MCLEOD

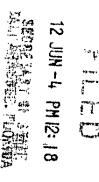
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EXAMINER



400235682454

06/04/12--01024--002 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT:	Vilmar			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	iclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the following:			
Marina Tumashova					
	Name of Person				
	Vilmar LLC				
	Firm/Company				
6131 Metrowest blvd 116					
	Address				
	Orlando, FL 32835				
	City/State and Zip Code				
E-	mtvorlando@gmail.com mail address: (to be used for future annual report n	otification)			
For fu	rther information concerning this matte	er, please call:			
	Marina Tumashova	at (407) 5791595			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
	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:	Vilmar	
2. (a) Principal office address of limited liability company	y: 6131 Metrowest blvd 116	
(Note: MUST BE STREET ADDRESS)	Orlando FL 32835	
(b) Mailing address of limited liability company:	6131 Metrowest blvd 116	
(Note: MAY BE POST OFFICE BOX)	Orlando FL 32835	
11/18/2011	L11000131752	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	BUSINESS FILINGS INCORPORATED	
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE FL 32301 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address Marina Tumashova 6131 Metrowest blvd 116	
(MUST BE FLORIDA STREET ADDRESS)	Orlando EL 32835	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Marina Tumashova) was/were authorized by an affirmative vote	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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