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COVER LETTER

TO: Registration Section Division of Corporation	ns	
SUBJECT: VINCAP INVESTMENTS ONE, LLC Name of Limited Liability Company		
	7.4	<u></u>
Dear Sir or Madam:		
The enclosed Registered Agen	t/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this	matter to the following:
WILLIAM R		
Name of P	erson	
VINCAP INVESTM		<u>c</u>
P.O. BOX		
71331630		
GAINESVILL City/State and		
WVINCENT6@ E-mail address: (to be used for fut	OGMAIL.COM ure annual report notific	cation)
For further information concer	ning this matter, p	please call:
WILLIAM R VINCI	ENT at	(813) 857-6827
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Circle	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.

(Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) (AlNESVILLE, FL 32601 (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) (AlNESVILLE, FL 32604 (MILLIAM R VINCENT BOX OF INTERPRACE BOX OF INTE	Name of the limited liability company:	VINCAP INVESTMENTS ONE, LLC
(Note: MAY BE POST OFFICE BOX) 6/14/12 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Depth of State Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Office Address: 125 SW 5TH TERRACE #3423 #3	2. (a) Principal office address of limited liability	company: 125 SW 5TH TERRACE, #3423
(Note: MAY BE POST OFFICE BOX) GAINESVILLE, FL 32604 6/14/12 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Depth of State Registered Agent: Registered Agent: WILLIAM R VINCENT #115 GAINESVILLE, FL 32607 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. WILLIAM R VINCENT 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 statules relative to the proper and complete performance of my duties, and address. I hereby confirm that the obligations of my position and registered agent as provided for in Chapter 608, F.S. Or, if his document is being filed to merely reflect a change in the registered office address. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and the proper of the proper of the proper of the chapter of the chapter of the proper of the proper of the chapter of the proper of t	(Note: MUST BE STREET ADDRESS)	GAINESVILLE, FL 32601
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Registered Agent: Registered Office Address: Registered Office Address: 701 SW 62ND BLVD. #115 GAINESVILLE, FL 32607 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member or authorized representative of a member WILLIAM R VINCENT 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. The reby confirm that the limited liability company has been notified in writing of this change.	3. Date of fling/registration in Florida	4. Document number
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 125 SW 5TH TERRACE #3423 GAINESVILLE ,FL 32601 If the limited liability company is not organized under the laws of the State of Florida, 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. WILLIAM R VINCENT 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 olds, 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.		
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Signature of Registered Agent	Signature of Registered Agent	

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