Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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TO:	
	Division of Corporations Fax Number : (850)617-6383
	rax Number : (050/01/-0505
From:	55 B
	Account Name : STEARNS WEAVER MILLER WEISSLER ALHADER & STITERSON
	Account Number : I20060000135
	Phone : (305)789-3200
	Fax Number : (305)789-3395
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07/10/2012 13:55 FAX Division of Corporations

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07/10/2012 13:56 FAX

STEARNS WEAVER MILLER

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Pursuant to the provisions of sections 608.416 or 608. iability company submits the following statement in ora agent, or both, in the State of Florida.	er to change its registered	office or registered
 Name of the limited liability company:	VIRE FOR SUCCESS	<u>SLLC</u>
2. (a) Principal office address of limited liability compar-	any: 8370 PONCE DE LEON ROAD	
(Note: MUST BE STREET ADDRESS)	MIAMI, FLORIDA 3314)
(b) Mailing address of limited liability company:	8370 PONCE D	E LEON ROAD
(Note: MAY BE POST OFFICE BOX)	MIAMI, FLORIDA 3314	13
06/27/2012	L1200008	5033
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:
Registered Agent:	ALEJANDRO M. ARRI	
Registered Office Address:	8370 PONCE DE LEO MIAMI, FLORIDA 331	43
· · ·	····	<u>X</u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	
	GILLIAN ARRIETA	
<u>NEW</u> Registered Agent:		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8101 SW 63 COURT	
	MIAMI	,FL <u>33143</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Plaws of the State of Florida Florida street address of the atical. Or, in the case of a F s) was/were authorized by a erwise provided in the articl ay.	a, it is hereby registered office lorida limited in affirmative vote es of organization
or the operating agreement of the limited field by compar Signame de member or authorized representative of smember		
Signature de member or authorized représentative of e member Alejandro M. Arrieta, Authorized Representative		
Signance de member or authorized représentative of s'member	gree to act in this capacit roper and complete perform osition as registered agent erely reflect a change in th ny has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.