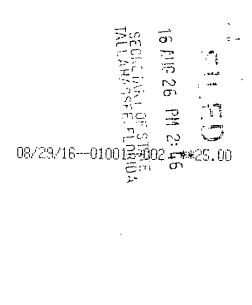
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(Fi	Requestor's Name)	
A)	(ddress)	
A)	(ddress)	
(0	City/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations					
UBJECT:					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this mat	tter to the following:				
ALEX KURKIN					
Name of Person					
KURKIN BRANDES, LLP					
Firm/Company					
18851 NE 29TH AVE, SUITE 303					
Address	^				
AVENTURA, FL 33180					
City/State and Zip Code					
akurkin@kb-attorneys.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, pleas	e call:				
Stacy Santiago	305 929-8500				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount	unt:				
325 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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. No	ame of the limited liability company: VW1, LLC			
2. (a)	16725 NW 57TH AVENUE	(b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE BOX)
	MIAMI GARDEN, FL 33055			
	AUGUST 15, 2016	L120	000124826	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)	TOVAR, ROGELIO			
J. (4)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:	
	16725 NW 57TH AVENUE			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	MIAMI	33055		**************************************
	WINNI ,	FL	 _	15 SE(
(b)	ALEX KURKIN			
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		\$\frac{1}{2} \cdot \cdot \frac{1}{2}
	NEW Registered Office Address:			(O) a 1
	18851 NE 29TH AVE., SUITE 303			SIATE ORIO ORIO ORIO ORIO
	1000 112 201111142.1 00112 000	, ,		⊅
	AVENTURA	Fl. 33180		
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	laws of the State of the registered liability compan s of the limited li he limited liabilit	office and the busing, it is hereby confinability company or the company of the company.	ness office of the registered irmed that the change(s) as otherwise provided in
_	ature of a maniber or authorized representative of a member			d name of signee
provis the ob- to mer	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	is neriormance c	d'mi duties and l'a	om familiae with and accen
Signat	ure of Registered Agent			