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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Vie Home S Name of 1	CIVICES, LLC Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John Udldrop, III Name of Person			
Vie Home Services, CCC Firm/Company			
830 AIAW Ste 13-622			
Porte Vedra Beach, PL 32082 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
John Waldrop III at 904) USI 2085 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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 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. Name of the limited liability company: Vic Home Services, LCC.
2. (a) (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
772-J 10th St S 830 AIAN STE 13-67
Jacksowille Beach Fr Ponte Vedra Brach, Fr 320
11/21/17 1/200146876
3. Date of filing/registration in Florida 4. Document number
5. (a) John Waldvof II. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 B-11/00-00 Place
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Porte Vedra Beach FL 52002
(b) John Waldson III. Enter name of NEW Registered Agent and/or NEW Registered Office address:
830 AIAN STE 13-622
NEW Registered Office Address: Parte Ved va Beach, FC 32082
Poure Vedra Beach, FL 3200 C
, FL
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 momber or autiforized representative of a member 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 605, 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 by writing of this change.
Signaphre of Registered Agent
Signature of Registered Agent

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