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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VPNETWORKS, LLC				
	me of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Adam Losey				
Name of Person				
Losey PLLC				
Firm/Company				
1420 Edgewater Dr.				
Address				
Orlando, FL 32804				
City/State and Zip Code				
alosey@losey.law				
E-mail address: (to be used for future ar	nnual report notification)			
For further information concerning this matter	er, please call:			
ADAM LOSEY	407 9061605			
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			

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.

L N	ame of the limited liability company: VPNETWOF	RKS, LL	<u>C</u>	
			b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lin	nited liability company: OST OFFICE BOX)
	618 E. SOUTH STREET, STE. 500		1420 EDGEWATER D	R.
	ORLANDO, FL 32801		ORLANDO, FL 32804	
	12/10/2012		L12000154089	
3.	Date of filing/registration in Florida	4.	Document numb	er
5. (a)			
	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>S)</u>	
	450 S. ORANGE AVENUE SUITE 550			
	ORLANDO	32801		
	, r	1		2013
(b)				· .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	<u>ldress</u> :	ń
	LOSEY PLLC			
	NEW Registered Office Address:			
	1420 EDGEWATER DR.			ස : >>
				<u>.t:</u>
	ORLANDO . F	3280		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Adam Lossy ature of a member or authorized representative of a member	of the reginability control of the limited	stered office and the business ompany, it is hereby confirment office liability company or as o	s office of the registered ed that the change(s) otherwise provided in
provis the ob to mer	the by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, led in writing of this change.	gree to ac e perform ed for in (' herehy c	t in this capacity. I further as ance of my duties, and I am f Chapter 605, F.S. Or, if this confirm that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been

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

Signature of Registered Agent