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## **COVER LETTER**

Division of Corporations		
SUBJECT: Vincap Managem	ent, LLC	
Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for	r filing.
Please return all correspondence concerning to	his matter to the following:	
William Vincent		
Name of Person		
Firm/Company	, managar, can con, can	
P.O. Box 417		
Address	<del></del>	7AE 2013
Venice, FL 34284		2019 AUG 30 SECRETARY
City/State and Zip Code		113 115
wvincent6@gmail.com		FLE ST
E-mail address: (to be used for future annual report no	otification)	PM 1: 12 BF STATE
For further information concerning this matte	r, please call:	
William Vincent	at (813 ) 857-6827	
Name of Person	Area Code & Daytime Telephone N	umber
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	g 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.

1. Nai	me of the limited liability company: Vincap Management, L	rc
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 412 Rio Terra Venice, FL 34285
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 538 Venice, FL 34284
01/02/201	13	L13000000401
3. Dat	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept of State:
	Registered Agent:	William R Vincent
	Registered Office Address:	125 SW 5th Terrace #3423
		Gainesville, FL 32601
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	412 Rio Terra Venica, FL 34285
		,FL
confirmand the liability the method op	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
William V	incent or typed name of signee	_
UII)	by accept the appointment as registered agent and a with the provisions of all statutes relative to the promotion of an amiliar with and accept the obligations of my peer 608, F.S. Or, if this document is being filed to make it is not compared to the limited liability compared to the confirm that the limited liability compared to the confirmation of	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00