1300004482

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:

TO: Registration Section Division of Corporations					
VANTAGE INTERNATION	NAL PROPERTIES LLC				
	ame of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for	filing.			
Please return all correspondence concerning	this matter to the following:				
NOS GHISLAIN					
Name of Person					
FIDUCIAL JADE INC					
Firm/Company					
990 BISCAYNE BLVD , OFFICE 701					
Address					
MIAMI, FLORIDA, 33132					
City/State and Zip Code		MII OCT 10			
CONTACT@JADE-ASSOCIATES.CO	ОМ	DOT 10			
E-mail address: (to be used for future ar	nnual report notification)	10			
For further information concerning this matte	er, please call:				
NOS GHISLAIN	305 579 0220	2: 20			
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 followin	ng amount:	I			
☑ \$25 Filing Fee	S55 Filing Fee & Certified	 Copy			
1NHS18 (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. Name of the limited liability company:	VANTAGE INT	ERNATION	VAL PROF	PERTIES LLC	
2. (a) 990 BISCAYNE BLVD, OFFIC	CE 701	(b) 990	BISCAY	NE BLVD, OFF	ICE 701
Principal office address of limited by (Note: MUST BE STREET)			Mailing a	address of limited liab MAY BE POST OF	ility company:
MIAMI, FLORIDA, 33132		MIA	MI, FLOR	IDA, 33132	
01/09/2013		L1300	00004482		
3. Date of filing/registration in	n Florida	4.	Docun	ient number	
5. (a) Registered Agent and Registered Office sho					
MOYAL ACCOUNTING SERV		: Florida Dept. o	f State;		
Registered Office Address <u>(MUST BE F</u> 10796 PINES BLVD SUITE 2		DRESS)			
PEMBROKE PINES	. FL ³	3026			
(b) Enter name of NEW Registered Agent and/	or NEW Registered Of	fice address:		FALLAHÁSSLE, ILDAIÓ	
NEW Registered Office Address:				, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	- i
990 BISCAYNE BLVD, OFFIC	E 701			<u>.</u> 	T C
MIAMI	, FL.33	3132		Loàida	2: 20
If the limited liability company is not organize the change or changes are made, the Florida agent will be identical. Or, in the case of a Floward was/were authorized by an affirmative vote of the articles of organization of the operating a	street address of the Torida limited liabil of the members of the	e registered of lity company, he limited liab lited liability	ffice and the it is hereby pility compa- company.	business office of confirmed that the my or as otherwise	f the registered
Minique Le Born. Signature of a member or authorized representative of	of a member	LE BORU		! .	
I hereby accept the appointment as registere provisions of all statules relative to the properties obligations of my position as registered a merely reflects a change in the registered of this change.		to act in this of formance of in Chapter confirm the		typed name of signo further agree to co nd I am familiar v r, if this documen id liability compa	

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