## L13000010477

(Re	questor's Name)			
(A.)	dress)			
(Ad	aress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
:				

Office Use Only



600251413046

09/20/13--01015--005 \*\*25.00

FILED

13 SEP 20 PN 12: 4

SECKETARY OF STATE

TALLAHASSEE FI ORIDA

9-23-13

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations					
SUBJECT: VASTRIUNITY, LLC  Name of 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:				
Vicky Stewart					
Name of Person					
VASTRIUNITY, LLC					
Firm/Company					
P. O. Box 182					
Address	<del></del>				
Mulberry, FL 33860					
City/State and Zip Code					
vastriunity@gmail.com					
E-mail address: (to be used for future annual report n	otification)				
For further information concerning this matter	er, please call:				
Vicky Stewart	at (863 ) 512-4466				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following	eg 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. Na	ame of the limited liability company: VASTRIUNITY, LLC				
2. (a)	Principal office address of limited liability compan	T			
	(Note: MUST BE STREET ADDRESS)	Mulberry, FL 33860		_	
<b>(b</b> )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P. O. Box 182 Mulberry, FL 33880			
January	22, 2013	L13000010477			
3. Da	ate 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:	The Company Corporation			
Registered Office Address:	Registered Office Address:	2711 Centerville Rd., Suite 400	EP A		
		Wilmington, DE 19808	E C	111	
		<del></del>	<u>アジョン</u>	0	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	resent A LS: 43		
	NEW Registered Agent:	Vicky Stewart			
NEW Registered Office Address:		302 Adams Road			
	(MUST BE FLORIDA STREET ADDRESS)	P. O. Box 182			
		Mulberry	,FL_33860		
confir and the liabilithe m the of	limited liability company is not organized under the rmed that after the change or changes are made, the I ne business office of the registered agent will be identity company, it is hereby confirmed that the change(sembers of the limited liability company or as otherw perating agreement of the limited liability company.	Florida street address of the tical. Or, in the case of a I was/were authorized by a	e registered offic Florida limited an affirmative vo	ote of	
Vicky St	lewart I or typed name of signee	<del></del>			
I her comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the plant am familiar with and accept the obligations of my plant 608, F.S. Or, if this document is being filed to mess. I hereby confirm that the limited liability comparative of Registered Agent	agree to act in this capacit oper and complete perfori osition as registered agent erely reflect a change in th sy has been notified in writ	y. I further agre mance of my dut as provided for the registered offi ing of this chang	ee to ies, in ce ge.	

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