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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
SUBJECT: VBH MIRACLE MILE LL	c				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
LINDA M. PARRISH Name of Person					
Name of Person					
KME72 ELWELL GRAHAM + ASSOC, Firm/Company	PLLC				
1575 INDIAN RIVER BLVD., STE Address	C240				
VERO BEACH FL 32960 City/State and Zip Code					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se call:				
BRIAN J. ELWELL CPA and Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amo	ount:				
\$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. N	ame of the limited liability company:VBH_M_	RACLE MILE	LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company: Mailing address of limited liability				
	VERO BEACH, FL 32960		BEACH, FL	32960		
	5/22/2013		L130000748	27		
3.	Date of filing/registration in Florida	4.	Document number	Г		
5. (a)	Registered Agent and Registered Office shown on the records of 2101 INDIAN RIVER BLVD., SUITE 200 Registered Office Address (MUST BE FLORIDA STREET)		ARCY itate:	2021 NOV 17	JJ.	
	VERD BENCH , FL	32960		₹.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			AM 9:57	ED	
	1575 INDIAN RIVER BLVD, SUITE C 24, NEW Registered Office Address:	<i>o</i>			8	
	VERO BEACH ,FL	32960				
change agent was/w the art	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nature of a member or authorized representative of a member	registered office a sbility company, it of the limited liabi limited liability co	and the business offic t is hereby confirmed lity company or as of	the of the regist that the chan herwise provi	ered ge(s)	
provis the ob to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act in this ca performance of m I for in Chapter 6 nereby confirm tha	ipacity. I further agr y duties, and I am far 05, F.S. Or, if this do at the limited liability	ee to comply wiliar with an ocument is bei company has	with the d accept ng filed been	

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