## L140000 10702

(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	ertified Copies Certificates of Status					
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K.SALY EXAMINER SEP 20

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: VMS Architecture \$ Development, Lle 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:						
Victor Mawel Santana III  Name of Person						
VMS Architecture & Development, LLC Firm/Company						
1469 SW 54h Street, NO 3						
Miswi Fl. 33135  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Victor Sontana at (305), B34-8736						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section						
Registration Section Registration Section Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 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.

	imited liability company:		VIIIEVIV		CIUPINEINI-		
2. (a)			(b)		, ,		
Princ	cipal office address of limited lia (Note: MUST BE STREET A			-	limited liability com		
140		reet, NO.3			( <u>Note: MAY BE POST OFFICE BOX)</u> Same		
M	iami, Pl. 3?	ď	<del></del>		rue		
	01/21/2014			L140000	210702		
	ate of filing/registration in		4.	Document nun	nber		
Registered A	Hor M Santa agent and Registered Office show		Florida Dept. of St	atc:			
Registered (	1	<u>ILORIDA STREET AD</u>	DRESS)				
	4 Magami	Blw.		<del></del>	<b>2016</b> FAL		
M	iani	, FL	33144		2016 SEP SEURET	77	
·			'		P 16 TARY	<u></u>	
(b)	of NEW Registered Agent and	or NEW Dogistoral O	Figo address	<del></del>	70.70		
isher hanc (	•	_	-		PH 2: OF STA E. FLOR		
14	69 SW 5th	Street, N	0.3		NIE Diring		
NEW Regis	tered Office Address:			_	=======================================		
	Miami	, FL	33 35	_			
If the limited liabi	lity company is not organi	zed under the laws	of the State of I	 Florida it is hereb	y confirmed the	t after	
the change or char agent will be ident was/were authoriz	nges are made, the Florida tical. Or, in the case of a led by an affirmative vote	street address of the Florida limited liab of the members of the m	e registered off ility company, i he limited liabi	ice and the busine t is hereby confirm lity company or a	ess office of the med that the cha	registered nge(s)	
the articles of orga	anization or the operating	agreement of the lii	nited liability co		\		
Signature of a mem	ber of authorized representative	of a member	——	Printed or typed t			
I hereby accept th	ne appointment as register tatules relative to the property position as registered in the registered of this change.	red agent and agree	to act in this ca erformance of m or in Chapter 6 reby confirm the	ipacity. I further y duties, and I an 05, F.S. Or, if thi it the limited liab	agree to comply a familiar with a is document is be ility company ho	with the nd accept eing filed is been	