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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: VL AS	SURANCE INC. Name of Li	mited Liability Company	
Dear Sir or Madam:			
The enclosed Registe	ered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
Gary H	lirst		
	Name of Person		
Law Of	fices		
	Firm/Company	·	
PO Box	952619		797
	Address		随重 1
Lake M	lary FL 32795		1 6 Figure 1
	City/State and Zip Code		THE RESERVED
E-mail address	(to be used for future annual rep	ort notification)	17
For further informati	on concerning this matter, please	call:	
	at ()	
Nam	e of Person	Area Code & Daytime Telephone I	Number
Registration Division of 0 Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amoun	it:	
☑ \$25 Filing	Fee	S55 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.

2500 West Lake Mary Blvd., Suite 208 Lake Mary, FL 32746 10/16/2014 Date of filing/registration in Florida Document number FYV CONSULTING INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7025 Cr 46A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Name of the limited liability company: VL ASSURA	ANCE INC	· .	
(Note: MAY BE POST OFFICE 2500 West Lake Mary Blvd., Suite 208 Lake Mary, FL 32746 10/16/2014 Date of filing/registration in Florida FYV CONSULTING INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7025 Cr 46A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Lake Mary FL 32746 (b) InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 17888 67th Court North NEW Registered Office Address: Loxahatchee File Ilmited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the chastwere authorized by an affirmative vote of the members of the limited liability company or as otherwise protection of the proper and complete performance of my duties, and I am ginitian with a policy all statutes relative to the proper and complete performance of my duties, and I am ginitian with a policy allows. In the Ilmited liability company of the position of a registered agent as provided for in Chapter 605, F.S. Or, if this divocument is the policy allows. In the registered office address. I hereby confirm that the limited liability company is an approximated for in Chapter 605, F.S. Or, if this divocument is the policy and its an apparature of the confirmance of my duties. And I am ginitian with a policy allows. I hereby confirm that the limited liability company is an approximate of a chapter 605, F.S. Or, if this divocument is the confirmance of my duties. And I am ginitian with a policy and a proposition of the proper and complete performance of my duties. And I am ginitian with a policy and a provided for in Chapter 605, F.S. Or, if this divocument is the confirmance of my duties.	(a)	(hì	
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