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

Office Use Only



800276068238

08/20/15--01026--001 **345.00

AUG 2 4 2015 Y SULKER

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	VIV REALTY, LLC, a Florid	limited liability compa	ny			
БОВОЕК		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Off	ce Change and fee(s) are so	ubmitted for filing.			
Please re	eturn all correspondence concerning th	s matter to the following:				
DANIE	L K. WEIDENBRUCH, ESQ.					
	Name of Person					
FISHE	RBROYLES, LLP					
	Firm/Company					
1415 P	ANTHER LANE, SUITE 315					
	Address					
NAPLE	ES, FL 34109					
	City/State and Zip Code					
DANIE	L.WEIDENBRUCH@FISHERBI	OYLES.COM				
E-n	nail address: (to be used for future ann	ual report notification)				
For furth	er information concerning this matter,	please call:				
DANIE	L K. WEIDENBRUCH	239 593-6	108 X 5115			
	Name of Person		e & Daytime Telephone Number			
I I (2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations			
]	Enclosed is a check for the following	amount:				
Į.	2 \$25 Filing Fee	□ \$55 Filing Fee	e & Certified Copy			
INHS18 (2/14)					

05378,0012

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.	Na	me of the limited liability company: VIV REAL	TY, LLC						
	(a)								
	(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	(-)_	М	Tailing address of limi	ted liabilit ST OFFI	y compa	eny:
		975 6TH AVE SOUTH, SUITE 105		9	75 6TH	AVE SOUTH,	SUITE	105	
		NAPLES, FL 34102			IAPLES,	, FL 34102			
		01/15/2015		L1	500000	9234			
3.		Date of filing/registration in Florida	4.		I	Document numbe	r		
5	(a)	R&A AGENTS, INC.							
<i>J.</i> (6	()	Registered Agent and Registered Office shown on the record TRIANON CENTRE, THIRD FLOOR			pt. of State:				
		Registered Office Address (MUST BE FLORIDA STRE 850 PARK SHORE DRIVE	<u>EET ADDRE</u>	<u>SS)</u>					
		NAPLES	, _{FL} 3410	3			ىر ئىر ئۇد		
(1	(b)	FisherBroyle, LLP					E AHAS	15 AUG	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office	addre	<u>55</u> :		ASSEE.	620 PH	
		NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			iΣ̈́	
		1415 PANTHER LANE, SUITE 315						37	
		NAPLES	, _{FL} 3410	9					
the age wa	cha ent w s/we	mited liability company is not organized under the nge or changes are made, the Florida street addresvill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cless of organization or the operating agreement of	ss of the reg ed liability ers of the li	gister comp mite	red office pany, it is d liability pility comp	and the business hereby confirmed company or as of	office of i that the therwise	the re	gistered e(s)
S	ignat	ure of a member or authorized representative of a member	·			Printed or typed name	e of signee	 -	
I h pro the to i noi	visi obl mere ified	by accept the appointment as registered agent and compose of all statutes relative to the proper and compositions of my position as registered agent as problem is reflect a change in the registered office address in writing of this change.	l agree to a lete perfor vided for in s, I hereby	et in mand Cha conf	this capa ce of my d pter 605, irm that th	city. I further agi uties, and I am fa F.S. Or, if this d he limited liability	ree to com miliar w ocument v compar	nply with and is being has	vith the d accept ng filed been
Sig	natu	e of Registered Agent	•						
		Division of Corporations P.	O. Box 63: G FEE: \$2			ee, FL 32314			