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(Requestor's Name)			
(Address)			
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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2015 BEC 10 PN 3: 32

DEC 10 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VIVIT 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:				
Edvardo Rodriguez Name of Person				
VIVII, LLC Firm/Company				
13212 Lake Mary Jane Rd. Address				
Orlando, Fb 32829 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Educado Rodriguez at (407) 709-3194 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)				



December 1, 2015

EDUARDO RODRIGUEZ 13212 LAKE MARY JANE RD ORLANDO, FL 32832

SUBJECT: VIVI I LLC

Ref. Number: L15000022444

We have received your document for VIVI I LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00025070

2015 DEC 10 PH 3: 32

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:	<u>C</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	5000022444 Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9552 MUSE PLACE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ee:
(b)	Orlando ,FL 32829 Same Enter name of NEW Registered Agent and/or NEW Registered Office address: 13212 Wake Mary Jane Rd.	ZOUS DEC 10 PH 3:
	NEW Registered Office Address: Orlando , FL 32832	- 5 <u>5</u> -
the chagent was/v the ar	limited liability company is not organized under the laws of the State of Flange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liability confidence of organization or the operating agreement of the limited liability confidence.	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. The location of the registered in the change of the registered in the register
I her provi the ol to me notifi	ature of a member or authorized representative of a member seby accept the appointment of registered agent and agree to act in this cap sions of all statutes relative to the proper and complete performance of my soligations of my position of registered agent as provided for in Chapter 60 rely reflect a change to the registered office address, I hereby confirm that ed in writing of this change. ure of Registered Agent	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
១ដើម្បា	Division of Corporations • P.O. Box 6327 • Tallaha	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)