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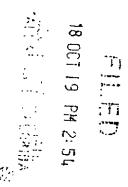
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
. (Document Number)					
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T SCHROEPET

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations			
SUBJECT:	VOIGHT BUILDING, LLC Name of Limited Liability Company			
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.	
Please return	n all correspondence concerning this m	natter to the fol	llowing:	
William C.	. Voight, II			
	Name of Person		•	
Voight, PA	A			
	Firm/Company		•	
7680 Univ	versal Blvd., Suite 565			
	Address		•	
Orlando, F	FL 32819			
	City/State and Zip Code		•	
william@r	myvoight.com			
E-mail	address: (to be used for future annual	report notifica	ation)	
For further i	nformation concerning this matter, ple	ase call:		
Geoffry Ar		4 07	477-4559	
	Name of Person	,	Area Code & Daytime Telephone Number	
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enc	losed is a check for the following am	iount:		
2 \$	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: VOIGHT BU	ILDING, LLC	;
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7680 Universal Blvd., Suite 565	768	30 Universal Blvd., Suite 565
	Orlando, FL 32819	Orl	ando, FL 32819
	4/1/2015	L150	000058646
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the records of RALPH C. VOIGHT, SR	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	7680 Universal Blvd., Suite 100		
	Orlando , F	32819	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	, ;]
	William C. Voight, II		9
	NEW Registered Office Address:		
	7680 Universal Blvd., Suite 565		34. **
			- St. 5t.
	Orlando	. 32819	••
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited gere authorized by an affirmative yore of the members icles of organization or the apprehing agreement of the	aws of the State of the registered liability compar of the limited l e limited liabili	office and the business office of the registere sy, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signa	Signature of a member of authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complet digations of my position as registered agent as provided represent a change in the registered office address, and in writing of this change.	gree to act in the e performance led for in Chapt I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00