

LF 000 157932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289682255

16 AUG 30 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT
TO AKNOWLEDGE
SUFFICIENCY OF FILING

16 AUG 30 PM 4:15

RECEIVED
DEPARTMENT OF STATE

AUG 31 2016
S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 274001 8064779

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 30, 2016

ORDER TIME : 3:09 PM

ORDER NO. : 274001-005

CUSTOMER NO: 8064779

FILED
16 AUG 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: VIJIO LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**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. Name of the limited liability company: VIJIO LLC

2. (a) 1451 W Cypress Creek Road (b) 1451 W Cypress Creek Road

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Suite 300

Fort Lauderdale, FL 33309

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 300

Fort Lauderdale, FL 33309

09/16/2015

L15000157932

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 30 AM 10:00

(b) Simone Gooden-Guy

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

5884 NW 20th St

Lauderhill, FL 33313

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Simone Gooden-Guy

Simone Gooden-Guy

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Simone Gooden-Guy

Signature of Registered Agent

BY: Simone Gooden-Guy

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