LIL 000 0 16860

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u> </u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special lastructions to Eiling Officer		
Special Instructions to Filing Officer:		

Office Use Only



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06/14/16--01049--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VIIGIN DOLLS Name of Li	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Name of Person VIAIN DIS UC Firm/Company 1128 N 16 A APT 2 Address Holywood 77 33020 City/State and Zip Code If-mail address: (to be used for future annual rep	SECRELARY OF STATE TAILLANASSEE FLORIDA TO STATE OF STATE TO STA	
For further information concerning this matter, please	•	
PAI Red in at (784 247- 688 O 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	

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

rioriad.
1. Name of the limited liability company: VIGIO DOIS CC
2. (a) LYS W Cyptess Creekerd (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suff 300, H. Laudadoke (Note: MAY BE POST OFFICE BOX)
71 33309
1/25/2016 L1400016860
3. Date of filing/registration in Florida 4. Document number 5. (a) EAC Led L. 5. (b) Led L. 5. (c) Led L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address MUST BE FLORIDA STREET ADDRESS)
Registered Office Address <u>MUST BE FLORIDA STREET ADDRESS</u>
North Miani FL 33/8/
(b) GNESIA TOWING Enter name of NEW Registered Agent and/or NEW Registered Office address:
145 W Cypiess Creek Rd Swite 300 MEW Registered Office Address: H. Canderdale, H. 3300
Hereid , FL 33809
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. Each Reach 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.

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