

(Requestor's Na	ime)
(Address)	<u></u>
(Address)	
(City/State/Zip/F	Phone #)
(Business Entity	/Name)
(Document Nur	nber)
Certified Copies Certifi	cates of Status
Special Instructions to Filing Officer	r.
Office Us	e Only

100342287741

-09/96/28+-61924--067 ++25.00



O SIMMOT-

COVER LETTER

TO: Registration Section Division of Corporations

VW Ventures, LLC

SUBJECT:

4

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:

Samuel Bryant

Name of Person

Bryant Taylor Law, PLLC

Firm/Company

333 Las Olas Way, #416

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

sbryant@sbttlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Bryant	954 at (282-9331	
Name of Person		Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follow	ing amount:		

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.

(a)	333 Las Olas Way, #416 Fort Lauderdale, FL 33301	ſ) 333 Las	Olas Way, #416 Fort Lauderdale, FL 333
(")	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/09/16		L1600002	8045
(a)	Date of filing/registration in Florida Saul Waizer	4.		Document number
(,	Registered Agent and Registered Office shown on the records o 1830 Radius Dr.	the Florid	a Dept. of Sti	ne:
	D. THE STORES A LINE COMPT DE ELODID & STORES			
	Registered Office Address (MUST BE FLORIDA STREET Suite 314	ADDRES	<u></u>	´
	÷	<u>ADDRES</u>	<u>s)</u>	2020 HA
(b)	Suite 314		<u></u>	2020 HAR 30
(b)	Suite 314 Hollywood	L		2020 HAR 30 PH 5:
(b)	Suite 314 Hollywood Bryant Taylor Law, PLLC	L		2020 HAR 30 PH 5: 12
(b)	Suite 314 Hollywood	L		2020 HAR 30 PH 5: 12

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.

Signature of a member or authorized representative of a member

Saul Waizer

Printed or typed name of signce

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.

Signature of Registered Agend

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