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(R	equestor's Name)				
(Address)					
(A	ddress)				
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2016 NOV 28 P U: OU SECRETARY OF STATE

D. BRUCE NOV 30 2016

COVER LETTER

INHS18 (2/14)

Division of Corporations			
Von Communications, LLC SUBJECT:			
	me of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	l fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the	following:	
Leonardo Von Nogueira			
Name of Person		_	
Von Communications, LLC			
Firm/Company		_	
6005 City Lane #6203			
Address			
Kissimmee/FL 34747			
City/State and Zip Code		_	2016 NOV 28 SECRETARY TALLAHASSE
leovon66@gmail.com			NOV 28 F CRETARITU AHASSEE,
E-mail address: (to be used for future an	inual report noti	fication)	28 SSE
For further information concerning this matte	r, please call:		
Leonardo Von Nogueira	407	912-1619	₩ 0.Z NATE ORID/
Name of Person	** (Area Code & Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following			
☑ \$25 Filing Fee	⊔ \$	355 Filing Fee & Certified Cop	У

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. Na 2. (a)	ome of the limited liability company: Von Commun. 6005 City Lane #6203, Kissimmee, FL 34747	6005 Cit	y Lane #6203, Kissimmee, FL 347				
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)			
	April 20, 2016	-	L1600007	7630			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (a)	Leonardo Von Nogueira						
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET A. 131 S Federal HWY #203 Boca Raton	33432					
	, FL				<u>-</u> -1		
(b)	Leonardo Von Nogueira				SEC	2016	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	<u>dress</u> :		AHASSEE.	NOV 28	
	NEW Registered Office Address:					σ	
	6005 City Lane #6203					ų: 0	
	Kissimmee , FL	34747			DE A) <u>F</u>	
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility co the lin	stered office ompany, it is nited liability	and the business hereby confirme company or as o	office d that	of the	registered ange(s)
		Le	onardo Voi	n Nogueira			
Signa	ture of a member or authorized representative of a member		<u> </u>	Printed or typed nar	ne of sig	gnee	

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 Agent