(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certificates of Status	
ns to Filing Officer:	
	(Address) (Address) (City/State/Zip/Phone #) JP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status

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COVER LETTER

TO: **Registration Section Division of Corporations**

Varge VEC, UC Name of Limited Liability Company SUBJECT:

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:

izabeth Snope Varge VEC., LL <u>'oncord</u> City/State and Zip Code

<u>E-mail address:</u> (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>407</u>) <u>740-5500</u> <u>ext</u> <u>4</u> Area Code & Daytime Telephone Number lizabeth Snope

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

INHS18 (2/14)

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.

1St Name of the limited liability company: Ι. (b) 2. (a) Mailing address Principal office address of limited liability company: of limited liability company: (Note: MUST BE STREET ADDRESS) MAY BE POST OFFICE BOX) (Note: 3. filing/registration in Florida 4 Date Document number 5. (a)Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: c^{2} stered Office Addre If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after

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. For, 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.

11 Signature of a member or authorized representative of a member

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.

YE TI Signature of Registered Agent

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