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(Re	questor's Name)		
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SECRETARY OF STATE
ANALYSSEE FLORIDA

COVER LETTER

Division of Corp					
SUBJECT:	VT	hacing, LLC	<u></u>	-	
	Na	me of Limited Liability Company			
Dear Sir or Madam:					
The enclosed Registered	l Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning the	his matter to the following:			
wor (f)	Ly Ver M Name of Person	inal			
VT Do	Firm/Company	<u>C</u>	SECRETAL TALLAHAS	TO JUN	<u>T</u>
7661	NW 2157 Address	Street	RETARY OF STATE LAHASSEE, FLORIDA	17 PH 12:	LED
Sunv :se	y/State and Zip Code	322	N N	23	
b Ue	rminal@y	mail.com			
E-mail address: (to	be used for future an	nual report notification)			
For further information	concerning this matter	r, please call:			
	ierminal	at (954) 854-9323		-	
Name o	f Person	Area Code & Daytime Telephone	Numbe	r	
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a c	heck for the followin	g amount:			
☑ \$25 Filing Fe	e	□ \$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. Name of the limited liability company: 2. (a) 764 NW 215+ Street survise FL, 33322 (b) 764 NW 215+ street survise FL, 33322 Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. States Corporation Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Dak Registered Office Address (b) NU DICT Street **NEW** Registered Office Address: SUNVISE 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. 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 of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent