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| (Re | questor's Name) | | | | |
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| (A.4. | dress) | | | | |
| (Ad | uiess) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | ÷ #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | - | | | |
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Office Use Only



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S. WARREN AUG 1 8 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: Vance LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Ch | nange and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | | |
| Alex Vance Name of Person | | | | | |
| Vane LLC Firm/Company | | | | | |
| 11515 Delmick Drive | | | | | |
| Windernere, FL 34786 City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual re | port notification) | | | | |
| For further information concerning this matter, pleas | e call: | | | | |
| Afex Vance at Name of Person | 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 | | | | |

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.

| 1. Name of | the limited liability company: | Vance LLC | | | |
|-----------------|--|--|---------------------------------------|---|--|
| 2 (a) 116 | 19 Delnick Orive | | (b) 11919 | Delvid Dr | ì√e |
| 2. (4) — (1 | Principal office address of limited lia | | | failing address of li | imited liability company: |
| | (Note: MUST BE STREET A | | 1. | _ | POST OFFICE BOX) |
| <u>lu</u> | indernage, FC 34786 |) | Winter | mere, FL | 34786 |
| | | | | | |
| | | | | | |
| Ø | 300 08/10/2016 | | L1601 | 50149388 | |
| 3. | Date of filing/registration in | Florida 4 | | Document num | her |
| 5. (a) U | nited States Corpora | tons TODO. A | nents Inc | | |
| | red Agent and Registered Office show | vn on the records of the F | lorida Dept. of State | • | |
| 133 | 102 winding Dak Cou | CH A GOODA | "LED DE LO | D | |
| | ered Office Address (MUST BE FI | · · · · · · · · · · · · · · · · · · · | /K | • | |
| | | | | | |
| | 1.0.0. | 4 | 3612 | | E |
| | Tampa | , FL | | | AUG |
| (b) Ale | x Vance | | | | |
| | name of NEW Registered Agent and/o | or NEW Registered Offic | ce address: | | |
| | | | | | |
| | | | | | - 1954 f |
| | Registered Office Address: | | | | 36 36 |
| 115 | 15 Pelvick Drive | | | | |
| | 515 Delvick Dive, | | | | |
| | Windermere | , FL | 34786 | | |
| If the limited | liability company is not organic | zed under the laws o | f the State of Flo | rida it is hereby | v contirmed that after |
| the change or | changes are made, the Florida | street address of the | registered office | and the busines | ss office of the registered |
| was/were autl | identical. Or, in the case of a F horized by an affirmative vote of | of the members of the | : limited liability | company or as | otherwise provided in |
| the articles of | organization or the operating a | agreement of the limi | ted liability com | pany, | • |
| _ ll | member or authorized representative | | Mex | Vance Printed or typed m | |
| | | | | | |
| provisions of | ept the appointment as registere all statutes relative to the prop | ea agent ana agree wer and complete perf | o act in this capa ormance of my a | icity. 1 juriner a luties, and Lam | igree to comply with the familiar with and accept |
| to merely refl | all statules relative to the prop is of my position as registered o ect a change in the registered o | agent as proviaea for Office address, I here. | on Chapter 603, by confirm that t | . r.s. Or, ij this he limited liabil | -aocument is being filed lity company has been |
| 7.11 | iting of this change. " L'Ame | | | | |
| Signature of Re | gistered Agent | | | | |