4700039

(Reques	tor's Name)	
(Address	5)	
(Address	6)	
(City/Šta	te/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Busines	ss Entity Name	·)
(Docum	ent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing	Officer:	·
2817 117 22 50 50 50 50 50 50 50 50 50 50 50 50 50 5		

Office Use Only



500299454385

05/23/17--01008--024 **25.00

MAY 2 3 2017 S. YOUNG SECRETARY OF STAFE
TABLAMASSEE TERRIT

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VC5G CO LLC 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:		
Balbino Lopez Name of Person		
VCSG Co LLC Firm/Company		
3515 SW 39 th blud Dpto 35 E Address		
Garnes V.' We FL 32608 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Balbino lopez a1 (352) 2811121		
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 \$\square\$ \$55 Filing Fee & Certified Copy		

THAY 22 AM 3: 29

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

гтонис	u.
I. Na	Tame of the limited liability company: VCSG CO LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Goines wilk El 32608 (b) 35155W39th Glud Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Goines wilk El 32608
3. 5. (a)	/
	Registered Agent and Registered Office shown in the records of the Florida Dept. of State: 35155W 37 Hh BIVA APTO 35E Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Manual Solovanna
	35155W 39th BIVD NEW Registered Office Address: APto 16D
	Gaines Ville ,FL 32608
the cha agent w was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after tange or changes are made, the Florida street address of the registered office and the business office of the registere will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
Signat	ature of a member or authorized representative of a member Printed or typed name of eignee
I herei provisi the obl to mere notified	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to this proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the properties of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered vifice address, I hereby confirm that the limited liability company has been addressed in writing of this change.
Signatu	ore or registered agent