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Division of Corporations	
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	• •
email address for this business entity to be report mailings. Enter only one email addre	e used for futur ss please.**
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 email address for this business entity to be

## LLC REGISTERED AGENT CHANGE VIDO INVESTMENTS, LLC

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## 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. N	Name of the limited fiability company: VIDO INVESTMENTS, LLC				
2. (a)	1005 NIM CORPORATE BLVD		W CORPORATE BLVD		
(_)	Principal office address of finited hability company: (Note: MUST BE STREET ADDRESS)	•	failing address of limited liability company (Note: MAY BE POST OFFICE BON)		
	110	110 C/O L/	AW OFFICES OF RYSZARD BOLKO		
	BOCA RATON, FL 33431	BOCA RA	ATON, FL 33431		
	06/13/2017	L17000129238			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	LAW OFFICES OF RYSZARD BOLKO PLLO				
27. (4	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	;		
	1825 NW CORPORATE BLVD				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	110				
	BOCA RATONFL	33431	<b>(*)</b>		
		i.	:		
(b)			ر م		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addi ess.	<u>u</u>		
	3030 N. Rocky Point Dr.				
	NEW Registered Office Address:				
	STE 150A				
	Tampa	33607			
the chagent was/v the ar	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the State of Flo the registered office ability company, it is of the limited liability	and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
	ature of a member or authorized representative of a member		Printed or typed name of signee		
provi. The oi to me	eby accept the appointment as registered agent and agy sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I cell in spriting of this change.  Bill Havre - Assistan	ree to act in this cape performance of my to d for in Chapter 605 hereby confirm that i at Secret20	acity. I further agree to comply with the duties, and I am familiar with and accept S.F.S. Or, if this document is being filed the limited liability company has been		
Signa	ture of Registered Agent	127			

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

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