

L17000 263366

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL 10 AM 9:30

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JKS
8/19/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIMOCAM 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:

FRANCESKA BLACKFORD

Name of Person

FRANCESKA BLACKFORD CPA PA

Firm/Company

4255 A1A SOUTH STE 10

Address

SAINT AUGUSTINE, FL 32080

City/State and Zip Code

BLACKFORDCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCESKA BLACKFORD

Name of Person

at (904)

460-1007

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

**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: VIMOCAM LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

261 ROLLING OAKS RD
SAINT AUGUSTINE, FL 32086

(h) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6123 GLEN EAGLES DR
ERIE, PENNSYLVANIA 16509-8303

12/28/2017

L17000263366

3. Date of filing/registration in Florida

4. Document number

5. (a) THERIAULT, FRANCOIS

Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4255 A1A S J101

SAINT AUGUSTINE, FL 32080

(b) FRANCESKA BLACKFORD

Enter name of NEW Registered Agent and/or NEW Registered Office address:

FRANCESKA BLACKFORD CPA PA

NEW Registered Office Address:

4255 A1A SOUTH STE 10

SAINT AUGUSTINE, FL 32080

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

FRANCOIS THERIAULT

Printed or typed name of signer

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.

Signature of Registered Agent

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

FILED
2018 JUL 10 AM 9:30
TALLAHASSEE, FLORIDA