## L18000030941

(1	Requestor's Name)
(/	Address)
(,	Address)
((	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
()	Business Entity Name)
([	Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
VB Ventures, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Robert B. Milligan	
Name of Person	<del></del>
VB Ventures, LLC	
Firm/Company	<del></del>
5680 Hwy. A1A, Suite 207	
Address	<del> </del>
Vero Beach, FL 32963	
City/State and Zip Code	
rbmilligan@hccf.net	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Robert B. Milligan 4	835-6186
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	nt:
■ \$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.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5680 Hwy. A1A, Suite 207	1	P.O. Box 147
	Vero beach, FL 32963		Vero Beach, FL 32961
	2/5/18	Li	.18000030941
3.	Date of filing/registration in Florida	<u> </u>	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC.	of the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	476 RIVERSIDE AVE.	<del></del>	
	Jacksonville	FL 32202	
			2023 DEC
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office addr</u>	res: 2
	Robert B. Milligan		
	NEW Registered Office Address:		9: 24
	5680 Hwy. A1A, Suite 207		24
		32963	
	Vero Beach	FL	<del> </del>
change agent was/w the art	Vero Beach  limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the authorized representative of a member.	laws of the S he registered liability com s of the limite he limited lia	I office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in

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