

SUBJECT: VIP Me 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:

Erica Williams

Name of Person

VIP Me LLC

Firm/Company

175 2nd Street South Apt 1007

Address

St. Petersburg, FL 33701

City/State and Zip Code

ericawilliamsre@gmail.com

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

For further information concerning this matter, please call:

Erica Williams

Name of Person

at (727)

424-2423

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

1. Name of the limited liability company: VIP Me LLC

2. (a) VIP Me LLC (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**)

454 NE 23rd Street APT 15
Miami, FL 33137

02/12/2018

L18000037697

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAK COURT A
TAMPA, FL 33612

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

VIP Me LLC c/o Samer Elmahdi

NEW Registered Office Address:

454 NE 23rd Street APT 15
Miami, FL 33137

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 23 PM 5:09

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]
Signature of a member or authorized representative of a member

Erica Williams
Printed or typed name of signee

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]
Signature of Registered Agent

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