## 1180000 82742

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Prione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## COVER LETTER

TO:

TO:	Registration Section Division of Corporations		9/14/1				
SUBJE	Vaillante Investments LLC						
.,(),	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Mark	Rosenfield						
	Name of Person						
Pose	idon Capital Investors LLC						
	Firm/Company		<del></del>				
1340	N Great Neck Road 1272-352						
	Address		<del></del>				
Virgir	nia Beach, VA 23454						
	City/State and Zip Code		<del></del>				
mark	r@poseidoncapitalllc.com						
F	E-mail address: (to be used for future and	nual report noti	fication)				
For fur	rther information concerning this matter.	, please call:					
Mark	Rosenfield	757	544-2451				
	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	closed is a check for the following amount:					
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS1	8 (2/14)						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability corsubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

I. Na	me of the limited liability company: Vaillante In	vestments	LLC
	801 S Olive Avenue, Unit 126	(b)	801 S Olive Avenue, Unit 126
,,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33401		West Palm Beach, FL 33401
	<del></del>		<u> </u>
	4/2/18		L18000082742
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Christopher Y Mills ESQ.		
	Registered Agent and Registered Office shown on the records	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	[ F]	
	300 East Las Olas Blvd Suite 1110		
(b)	Ft. Lauderdale	FL_33301	
	ZURAW GEIB, PLC		 
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	lress:	
	209 SE 5th Avenue		
	NEW Registered Office Address:		<del></del>
		<u>-</u> -	
	Delray Beach	<sub>FL</sub> 33483	
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the contr	of the regis Hiability co is of the lim he limited h	stered office and the business office of the reg impany, it is hereby confirmed that the change ited liability company or as otherwise provide iability company.
Simo	ture of a member or authorized representative of a member	Mar ——	Resentield  Printed or typed name of signee
•	by accept the appointment as registered agent and g	territari for crest	.,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has be notified in writing of this chapte.

Signayae of Registered Agent