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COVER LETTER

то:	Registration Section Division of Corporations		, .
SUBJI	Vaillante Property Services LLC	>	
	Name of	Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the	following:
Mark	Rosenfield		
	Name of Person		_
Pose	idon Capital Investors LLC		
	Firm/Company		_
1340	N Great Neck Road 1272-352		
	Address		
Virgir	nia Beach, VA 23454		
	City/State and Zip Code		-
mark	r@poseidoncapitalllc.com		
E	-mail address: (to be used for future annual	report notifi	ication)
For fur	ther information concerning this matter, plea	ase 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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
	Enclosed is a check for the following am	ount:	
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
INHSI	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.

1. N	Name of the limited liability company: Va	illante Prope	erty S	ervices LL	С	
2. (a)	801 S Olive Avenue, Unit 126		(b) 801 S Olive Avenue, Unit 126			
2. (4)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI		_ ('		nailing address of limited liab	
	West Palm Beach, FL 33401		•	West Pa	lm Beach, FL 33401	
	4/2/18		-	L1800008	32745	İ
3.	Date of filing/registration in Flo	orida	4.		Document number	· i
5. (a	Christopher Y Mills ESQ.					
	Registered Agent and Registered Office shown or	n the records of the	e Florid	a Dept. of State	:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 300 East Las Olas Blvd., Suite 1110						
	Ft. Lauderdale	, FL ³	3301			[6]
(b	ZURAW GEIB, PLC Enter name of NEW Registered Agent and/or N	EW Registered O	office ac	ddress:		
	209 SE 5th Avenue					· :
	NEW Registered Office Address:	-				اِئن
						1.30
	Delray Beach	, FL_ <u>3</u>	3483	l		ļ
the cl agent was/v	limited liability company is not organized hange or changes are made, the Florida strewill be identical. Or, in the case of a Florwere authorized by an affirmative vote of the discussion of the operating agree of the contraction of the operating agree.	ect address of the ida limited liab he members of	he regi ility c the lin mited	stered office ompany, it is nited liability liability com	and the business office hereby confirmed that a company or as otherwipany.	of the regis the change(s
Sign	nature of a member or authorized representative of a	member		ırk Rosenfi	Printed or typed name of sig	nce !
I her provi the oi to me notifi	eby accept the appointment as registered a sions of all statutes relative to the proper of bligations of my position as registered age rely reflect a change in the registered office ed in writing of this change.	ugent and agree	e to ac erforn for in creby c	t in this capa nance of my a Chapter 605, confirm that t	icity. I further goree to	comply witt
Signa	ture of Registered Agent					
/	Division of Corpora	tions• P.O. Bo FILING FEI			see, FL 32314	t