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LLC REGISTERED AGENT CHANGE VIM MKTG LLC

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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.

. Na	me of the limited liability company: VIM MKTG LL	U				
. (a)		_ (b)				
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,,	Mailing address of limite (Note: MAY BE POS	d liability comp T OFFICE BO	eny: (X)	
	1856 NORTH NOB HILL ROAD UNIT 432	_				
	PLANTATION, FL 33322					
	06/25/2018	L18	000155356			
	Date of filing/registration in Florida	4.	Document number			
(a)	LEGALING CORPORATE SERVICES INC.	•				
(a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept	of State:			
	5237 SUMMERLIN COMMONS BLVD STE	100				
	Registered Office Address MUST RE FLORIDA STREET A	DDRESS)				
				进步。	_	
	FORT MYERS, FL	33907			φ I	
	, FL_			4	HAY Y	"1
(b)	ROCKET LAWYER CORPORATE SERVICE	SLLC		6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2	-
•	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		- 11 - 1. - 11 - 1. - 11 - 1.	2	[]
	155 OFFICE PLAZA DRIVE, 1ST FLOOR					C
	NEW Registered Office Address:		······································		: 22	
	non regarded out the real cost.			7.	. •	
	TALLAHASSEE	32301				
e cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of color of organization or the operating agreement of the l	the registered bility compa the limited	d office and the business on ny, it is hereby confirmed liability company or as oth	ffice of the re that the chan	egiste ge(s)	sred)
7./	2/1/		A SCHOLL, AUTHORIZED	REPRESEN	ITATI	IVE
Signas	fire of a member or authorized representative of a member	····	Printed or typed name			
herei	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided tly reflect a change in the registered office address, I h	e to act in the	its capacity. I further agree	ee to comply uiliar with an	with id ac	the cept

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

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