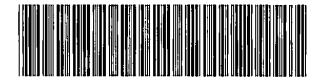
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(Requ	estor's Name)				
(Addre	ess)				
(Addr	ess)				
(City/S	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Fil	ing Officer:				

Office Use Only

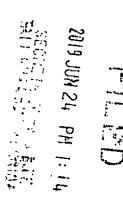


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COVER LETTER,

TO: Registration Section Division of Corporations						
SUBJECT: VIXHUUS STEAM LLC Name of Limited Liability Company						
, (_ , 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Aylanni Jene Name of Person						
Viv+10US StCOV L	L.C					
P.O 600 560177	·					
ROCKIEDGE FL 3295 City/State and Zip Code	16-0177					
E-mail address: (to be used for future annual report	rt notification)					
For further information concerning this matter, please c	all:					
Aylahni Jene at (8	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:						
\Si\\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (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 consubmits the following statement in order to change its registered office or registered agent, or both, in the Stafforida

Floride	7.				
1. Na	me of the limited liability company: Virtuo	us sta	am 1	10	
2. (a)	214 North 1st Street Principal office address of limited liability company:	(b) <u>P.C</u>	Mailing address of	5 (O)	2-2 ty company
	(Note: MUST BE STREET ADDRESS)		(Note: MAY B		
	COCCa brach, FL	ROC	Kleda	e,FL	·
	32931		32956	<u>- 017</u>	
	04/15/2010	<i>i</i> 10	300010	1225	U
3.	Date of filing/registration in Florida	4.	Document nui	<u> </u>	
5. (a)	AVIGHNIT Perque			·	
J. (4)	Registered Agent and Registered Office shown on the records of the	Florida Dept. of Sta	nte:		
	1340 Laya circle				
	Registered Office Address MUST BE FLORIDA STREET AD	DRESS)			
	<u>Unit 102</u>				
	RUXIECGE, FL	32955			
(b)	Avlahni Jene				ווון הוער היין
(0)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:			
	214 North 1st Stree	-+			or by
	NEW Registered Office Address:		_		
					<u></u>
	COCOCA beach, FL	32931	_		
If the li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th	of the State of F	lorida, it is here	by confirme	d that aft
agent v	vill be identical. Or, in the case of a Florida limited liabi	ility company, it	is hereby confir	med that the	change(
the arti	ere authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lir	the limited liabili nited liability co	ity company or a mpany.	is otherwise	providec
E	Aybra-1			76.	
	ure of a member of authorized representative of a member		Printed or typed	name of signer	e
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I he I in writing of this change.	to act in this cap informance of my for in Chapter 60 reby confirm tha	pacity. I further duties, and I ar 15, F.S. Or, if th t the limited liab	agree to con familiar was document oility compa	mply with with and a t is being ny has be

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