L98000003337

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAI	-				
(Business Entity Name)					
(Document Number)					
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C. LEWIS

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EXAMINER

COVER LETTER

SUN MANAGEMENT

Division of Corp						
SUBJECT:	VG	SIP As	sociat	es, L	LC ·	
	Name of I					
Dear Sir or Madam:						
The enclosed Registered	d Agent/Registered (office (Change a	nd fee	(s) are submitted for filing.	
Please return all corresp	ondence concerning	this ma	atter to t	he foll	owing:	
	Peter Gamar ame of Person			- (atherine -	12.19.11
	lanagement Corp irm/Company			-	atherine - Please sign and submit we Check for the	n Hi a
16 Mt Eb	o Rd South Suite 2 Address	22		- (shock for "	15.00
	er, New York 10509 State and Zip Code	9		-	Thort	lyon- ler/co
pgamar@su E-mail address: (to be us	nmanagementcorp	o.com notificatio	on)	-		, -
For further information	concerning this mat	ter, plea	ase call:			
Peter (Samar	_at (845)	278-2822	
Name of P	erson	~~ \	F	rea Cod	278-2822 le & Daytime Telephone Number	
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a c	beck for the followi	ng amo	ount:			***
\$25 Filing F	ee		\$5	5 Filin	g Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company:	VGIP Associates, LLC				
2. (a) Principal office address of limited liability company	y: 16 Mt Ebo Rd South suite 22				
(Note: MUST BE STREET ADDRESS)	Brewster, N.Y. 10509				
(b) Mailing address of limited liability company:	16 Mt Ebo Rd South suite 22				
(Note: MAY BE POST OFFICE BOX)	Brewster, N.Y. 10509				
December 17, 1998 3. Date of filing/registration in Florida	972100000032 L98000003237 4. Document number				
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: DEUTSCH, STEVEN W C/O FRANK, WEINBERG & BLACK 7806 S.W. 6TH COURTE				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of a member or authorized representative of a member Signature of a member or authorized representative of a member					
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Og. if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent Division of Corporations, P.O. Box 6. FILING FEE: STATES 18 (05/08)	327, Tallahassee, FL 32314				