## Phoriola Department of State Division of Corporations Discrepance Phing Cover Secret

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001535593)))



H170001535593ABC3

Note: DO NO	Thit the REFRESH/RELOAD button on your browser from this will generate another cover sheet.	page. Doingso	
To:	Division of Garagestine	AHA CA	. 8 () 
_	Division of Corporations Fax Number : (850)617-6383	SSE	1
From:	Account Name : C T CCRPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845	AH 9: 16 of STATE EFLORID	Farence of the same of the sam

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE VIRTU CATHEDRAL ASSOCIATES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Helph 09 2017 HARRIS

## COVERLETTER

Division of Corporations	
SUBJECT: VirtuCathedralAssociates,IIC	
Name o	f Limited Liability Company
Dear Sir or Madam:	
The sealers I Device and Asset The Season I Office	Character (Carlotte Inches)
The enclosed Registered Agent/Registered Office	Changeand fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Name of Person	
	•
Firm/Company	•
Address	
Address	
City/State and Zip Code	
, ,	
E-mail address: (to be used for future annual	you and world financian "
•	•
For further information concerning this matter, ple	ase call:
Name of Person	Area Code & Daytime Telephone Number
	·
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Cliston Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
·	
Enclosed is a check for the following am	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
NHS18 (2/14)	

## 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.

. (a)	Principal office address of limited liability company:	(t	j				_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limite (Note: MAV BE POS	d liability c	շություն	
	5973 Avenida Eneinas Ste 220		5973 Avenic	la Encinas Stc 220		·	
	Carlshad, CA 92008		Carlsbad, C.	A 9200%		Arrado e su a Arrado (a a a a a	.,
	11/05/2001		M010000024	79			
	Date of filing/registration in Florida	4.	]	Document number		<del></del>	
(a)							
		fthe Florida	Dept. of State:				
	RICHARD G. RUMRELL, P.A.				<u> </u>	201	_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1			NU N	•
	24 CATHEDRAL PLACE SUITE 504						•
	ST. AUGUSTINE FI	32084			IAR)	8-	
		'.e	······································			£	
(b)	•				ده سا پير لغب		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		STATE	ڣ	
	awa				$\overline{S}^{\pi}$	9	
	C T Corporation System	····	· · · · · · · · · · · · · · · · · · ·				
	NEW Registered Office Address:				•		
	1200 South Pine Island Road						
	Plantation F	33324					
the li	imited liability company is not organized under the la	ews of the	State of Flor	ida, it is hereby co	nfirmed t	hat aft	
e cha	inge or changes are made, the Florida street address o will be identical Or, in the case of a Florida limited i	f the regi	stered office	and the business of	lilce of th	e regis	۱e
กฆไพย	ere authorized by an affirmative vote of the members.	of the lin	ited liability	company or as oth	erwise pr	ovided	i
e arti	teles of organization or the operating agreement of the	e limited	liability com	oany.			
	ture of a member or authorized representative of a member	Scu	McWhorter	Printed or typed name	. Paines	<u></u>	
257						** '	
Signal	une of a member of antionized rebresentance of a member		e and the second				
Signal herei	by accept the oppointment as registered agent and agions of all statutes relative to the proper and complete	ree to ac e perform	In this capu	ctry. I further agre uties, and Lam Jan	e to comp illar with	ny witi Land a	1.1 20
Signal herei rovisi e.ool	by accept the oppointment as registered agent and agents of all statutes relative to the proper and complete inguitions of my position as registered agent as provide by reflect a change in the registered affice underess. If it writing of this change.	ree to ac e perform ed for in ( hereby o	In this capa ance of my d hapter 605, onlirm that t	cliv. I further agre uties, and I am fan F.S. Or, if this do he limited liability	e to comp illar with cument is company	dy with and a being has be	1.1 20 []]

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

INHS18 (2/14)