

M06000004926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

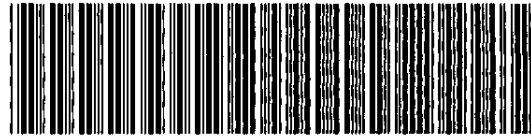
m06-4926

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 17 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vamos Oil & Gas LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Mochan
Name of Person

Catexor, Inc
Firm/Company

2730 SW 3rd Avenue, Suite 800
Address

Miami, FL 33129
City/State and Zip Code

MMochan@catexor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Mochan at (305) 856-8500
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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2011

MELANIE MOCHAN
2730 SW 3RD AVENUE
SUITE 800
MIAMI, FL 33129

SUBJECT: VAMOS OIL & GAS, LLC
Ref. Number: M06000004926

We have received your document for VAMOS OIL & GAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00026079

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: Vamos Oil & Gas LLC

2. (a) Principal office address of limited liability company: 493 Boundary Blvd

(Note: MUST BE STREET ADDRESS)

Rotonda West, FL 33947

(b) Mailing address of limited liability company:

2730 SW 3rd Avenue

(Note: MAY BE POST OFFICE BOX)

Suite 800

Miami, FL 33129

09/07/2006

3. Date of filing/registration in Florida

M06000004926

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

A1A REGISTERED AGENT INC.

Registered Office Address:

5647 110TH AVE, NORTH

ROYAL PALM BEACH FL 33411-0000

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Discount Registered Agent

NEW Registered Office Address:

493 Boundary Blvd

(MUST BE FLORIDA STREET ADDRESS)

Rotonda West, FL 33947

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

Melanie Mochan

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

George E. Mitchell

Signature of Registered Agent

George E. Mitchell
Discount Registered Agent
Account Manager

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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