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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

0CT 1 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VERTICLE INVESTMENTS LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEZ A. QUIROS Name of Person
Name of Person
VERTICLE INVESTMENTS LLC Firm/Company
Firm/Company
P.O BOX 1308
P.O. BOX 1308 Address
ESTERO, FL 33928 City/State and Zip Code
City/State and Zip Code
Liana @ danata group. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIEL A. QUIROS at (239) 405-3295 Name of Person Area Code and Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{S25 Filing Fee}}} \sum_{\text{S30 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \sum_{\text{Certificate of Status}} \sum_{\text{S60 Filing Fee}} \text{Certificate of Status & } \text{Certificate of Status & } \text{Certificate of Status} Certificate of Stat
Certificate of Status Certified Copy Certificate of Status &

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:VERTO	CLE INVESTHENTS LLC
2. (a) Principal office address of limited liability compa	any:
(<u>Note: MUST BE STREET ADDRESS</u>)	20000 CAN FAIRWAYS CT ESTERO FR 33928
(b) Mailing address of limited liability company:	THE STATE OF THE S
(Note: MAY BE POST OFFICE BOX)	PO BOX 1308 0 929 631ERD FL 93928 9 975
11-09-10	M1000004955 0 5
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	LIANA QUIROS - DESOLE GROUPLE
Registered Office Address:	20000 DAK FAIRWAYS CF ESTERO PL 3392
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	· ·
	DANIEL A . QUIRD'S 20000 OAN FAIRWAYS CF
	ESTERO ,FL 33928
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	te laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
DANIEL A. QUIROS 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 pand I am familiar with and accept the obligations of my Chapter 608. F.S. Or, if this document is being filed to had resp. I hereby confirm that the limited liability compo	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Vigent	

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