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1/10/2018

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

RECEIVED

JAN 12 2018

****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 VETERANS ASSEMBLED ELECTRONICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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18 JAN 12 AM 8:20
STATE OF FLORIDA
TALLAHASSEE

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 1/10/18

Electronic Filing Menu

Corporate Filing Menu

Help

J. LEGGETT
JAN 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veterans Assembled Electronics, 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:

Erin L. Riendeau

Name of Person

Adler Pollock & Sheehan P.C.

Firm/Company

One Citizens Plaza, 8th Floor,

Address

Providence, RI 02903

City/State and Zip Code

erindeau@apslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin L. Riendeau

at (401)

427-6236

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

INHS18 (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

1. Name of the limited liability company: <u>Veterans Assembled Electronics, LLC</u>	
2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>40 Fountain Street, 8th Fl</u> <u>Providence, RI 02903</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>40 Fountain Street, 8th Fl</u> <u>Providence, RI 02903</u>
<u>2/5/2013</u>	<u>M13000000774</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>Veterans Assembled Electronics, LLC</u> <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>Matthew Vargas</u> <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>5826 Hoffner Ave Bldg. 10, Suite 1003</u> <u>Orlando, FL 32822</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>C T Corporation System</u> <u>NEW Registered Office Address:</u> <u>1200 South Pine Island Road</u> <u>Plantation, FL 33324</u>	

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

John Shepard

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 605, 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.

By: C T Corporation System
Signature of Registered Agent

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

INHS18 (2/14)

FL013 - 02/18/2018 Walters & Moore Online

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