Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name

: CORPORATE CREATIONS INTERNATION

Account Number : 110432003053

Phone

1 (561)694-8107

fax Number

: (551)694-1639

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

4.1	Addross.

LLC REGISTERED AGENT CHANGE VINIK FAMILY OFFICE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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FILED STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 2015 JAN -9 PM 3: 59

	SECRETARY OF STATE	
1. The name of the limited liability company is: Vini	K Family Office LLC IALLAHASSEE, FLORIDA	
2. (a) Principal office address of the limited liability comaphy	y:401 E. JACKSON ST. STE, 2525	
(Note: MUST BE STREET ADDRESS)	TAMPA FL 35602	
(b) Mailing address of limited liability company:	401 E. JACKSON ST. STE. 2525	
(Note: MAY BE POST OFFICE BOX)	101 Block Color (101 Block)	
Mus Mai DE Pusi Office BOX	TAMPA FL 33502	
7/5/2013	M13000004274	
3. Date of filling/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:	
Registered Agent:	C T CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION FL 33324	
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address;	
NEW Registered Agent;	Corporate Creations Network Inc.	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E	
(MUST BE FLORIDA STREET ADDRESS)		
	Palm Beach Gardens FL 33410	
or changes are made, the Florida street address of the registe identical. Or, in the case of a Florida limited liability compa	we of the State of Florida, it is hereby confirmed that after the change rod office and the business office of the registered agent will be my, it is hereby confirmed that the change(s) was/were authorized by mpany or as otherwise provided in the articles of organization or	
(Signature of a member or authorized representative of a member)		
by Jessica Morales as attorney-in-fact (Printed or Typed name of signee)		
of all statutes relative to the proper and complete performan my position as registered agencian provided for in Chapter 6	ee to act in this capacity. I further agree to comply with the provisions ce of my duties, and I am familiar with and accept the obligations of 05, F.S. Or, if this document is being filed to merely reflect a change ited liability company has been notified in writing of this change. Jessica Morales, Special Secretary	
	Box 6327, Tallahossee, FL 32314	
INH518(10/99)		
Corporate Creations International Inc.		
11380 Prosperity Farme Road #221E Palm Beach Gardens FL 33410		