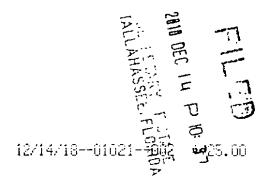
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(Requestor's Name)
(Address)	-
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(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	г)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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Office Use Only



500321601655



D. SCOTT

JAN 4 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 12, 2018

Order#: 528695-010

Re: VCS GROUP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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)	Camuto Group LLC	(b))	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	411 West Putnam Avenue	_		
	Greenwich, CT 06830	_		
	11/04/2014	_	M14000	008032
	Date of filing/registration in Florida	4.		Document number
(a)	- The Corporation System		···	
•	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of St	ate:
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>		201
				2010 DEC
	Plantation .FL	33324		DEC 14 F
				ASSITY ASSITY
(b)	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	등을 호
	1201 Nova Ctt			10 A
	1201 Hays Street NEW Registered Office Address:			- . •
	<u></u> regiment of reduction			_
	Tallahassee , FL	32301		_
cha nt v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the limi	tered offi mpany, it ted liabil	ce and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/	Miriam Shoap	Miria	m Shoap	, Manager
gnat	ture of a member or authorized representative of a member			Printed or typed name of signee
				pacity. I further agree to comply with th

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

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President