Division of Corporations

Page 1 of 2



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Division of Corporations

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From:

Account Name : AGENTS AND CORPORATIONS, INC

Addount Number : I20010000112 Phone : (302)575-0875

tax Number : (302)575~1642

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Email Address:

LLC REGISTERED AGENT CHANGE VC FINANCIAL MANAGEMENT LLC

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Help

H16000082152 3

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.

١.	Na	me of the limited liability company: VC FINANCIA	L MA	NAGEME	NT LLC		<u>.</u>		
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		b)	Mailing address of liz	Astling address of limited liability company (Note: MAY BE POST OFFICE BOX)			
3.		1/21/2015 Date of filing/registration in Florida	- 4,	M15000	000798 Document numb	oèr	<u></u>		
5.	(a)	Registered Agent and Registered Office shown on the records of RICARDO ZAYAS Registered Office Address (MUST RE FLORIDA STREET) 5944 BEACONPARK ST			 uie: 				
	(b)	LITHIA , FL Enter trains of NEW Registered Agent and/or NEW Registered			-	MILLANA SECRET	15 APR -	e de la companya de l	
	Enter name of NEW Registered Agent and/or NEW Registered Of AGENTS AND CORPORATIONS, INC. NEW Registered Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330			ddryss.	-	ASFELFLO	AH II: 07		
				·		TATE			
		NAPLES ,FL	3410	2					
th og th	e cha gent v as/w c art Signa	imited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of arganization or the operating agreement of the	the repability of the limited	gistered offi company, it mited liabil I liability co ILLON BR	ice and the business is hereby confirm ity company or as ompany. ICKNER Printed or typed as	is office of that the otherwise	of the riche change provi	egistered ige(s) ided in	
in io	e ob mer otifie By	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered office address, I d in writing of this change.	rte 10 a perfor id för li hereby	ct in this ca mance of m a Chapter 6 confirm tha	apacity, I further of y duties, and I am US, F.S. Or, If this at the limited liabil	agree to d familiar i docume lity comp	omply with a nt is be any ha	with the rid accept ting filed is been	
•		Division of Corporations P.O. FILING F	Box 63 E.E.: 57	27• Tallab !5.00	nssee, FL 32314				

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