## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000319573 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647

: (800)432-3622 Fax Number

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

Email Address:\_

LLC REGISTERED AGENT CHANGE

## VANGUARD DEALER SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

INHS18 (2/14)

## M15000005954

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floric	iant to the provisions of sections 605. Its the following statement in order to	W CHAINSE IT LESTINGLE	a office or r	egisterea agent, or t	ed liability both, in the	compan State o	y
, ,,,,,,	senc of the Limited Liability Company:	VANGUARD DEA	LER SER	VICES, L.L.C.			
2 ()	20 TWO PRIDATE BO STE						
2. (a)	30 TWO BRIDGES RD STE 240  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 30 TWO BRIDGES RD STE 240  Mailing address of limited liability company:  (New: MAY BE POST OFFICE BOX)				
	FAIRFIELD, NJ 07004		FAIRFIELD, NJ 07004				-
	7/28/2015		M1500	0005954			
3.	Date of filing/registration in	Plorida 4.	· · · · · · · · · · · · · · · · · · ·	Document number			•
5. (a)	Corporation Service Compan Registered Agent and Registered Office short 1201 Hayes Street Registered Office Address (MUST BE E.	wn on the records of the Flori		- o: -			
	Tallahassee	, FL_3230	01		SECTA TALL 74	2121 AL	
(b)	Capitol Corporate Services, In					AUG	-,
	Enter name of NEW Reclatered Acont and/o	or DEW Residence Office a	daren:		بند وي د د دور	26	F
	515 East Park Avenue 2nd Fl				(T) 🙀	<b>.</b>	100
	NEW Registered Office Address:					AH 9: 4	
					>-	ف	
	Tallahassee	, FL_3230	)1				
agent v was/we the arti	imited liability company is not organizing or changes are made, the Florida will be identical. Of, in the case of a Fore authorized by an affirmative vote of cles of organization or the operating a ture of a member of authorized representative of the operation.	street address of the regi- Florida limited liability coof the members of the lin- agreement of the limited	istered office ompany, it is nited liability liability com	and the business offi hereby confirmed the	ice of the re at the chang wise provid	gistered 30(s) lod in	
	by accept the appointment as registere ons of all stancies relative to the prope gations of my position as registered a fly reflect a change in the registered o I in writing of this change.	ed agent and agree to ac er and complete perform gent as provided for in Office address, I hereby a	t in this capa tance of my a Chapter 605, confirm that t	nctiv. I further agree hitics, and I am famili F.S. Or, if this docu he limited liability co	to comply water with and ment is below ment in the contract of	vith the d accept ng filed been	
	o of Registered Agent	Delania Case	e, Assistan	t Secretary on			
-				rate Services, Inc	•		
	Division of Corpo	rations P.O. Box 6321	7 <b>≎ Tailahas</b> s ∵no	icc, F.L. 32314			

M15000005954