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From:

: UNITED AGENT GROUP INC. Account Name

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## LLC REGISTERED AGENT CHANGE VDC V, LLC

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

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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. N	ame of the limited liability company: VDC V, LLC	;		
2. (a)			(b)	
. (/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ONE LAGOON DR		ONE LA	GOON DR
	REDWOOD CITY, CA 94065		REDWO	OD CITY, CA 94065
	04/11/2017		M170000	03103
3. 5. (a)	Date of filing/registration in Florida	<del></del> 4.	, ;	Document number
J. (a,	Registered Agent and Registered Office shown on the records of INCORPORATING SERVICES, LTD	of the Flori	da Dept. of State	•
	Registered Office Address <u>MUST BE FLORIDA STREET ADDRESS</u> 1540 GLENWAY DR		SS)	FILE WALLARASS
	TALLAHASSEE , F	<sub>L</sub> 3230	1	HASSER
(b)	Enter name of NEW Registered Agent and/or NEW Registers United Agent Group Inc.	ed Office a	iddress:	MII: 51
	NEW Registered Office Address:			
	11380 Prosperity Farms Road #221E			
	Palm Beach Gardens	<sub>TL</sub> 3341	0	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a member or authorized representative of a member above accept the appointment as registered agent and a micros of all statutes relative to the proper and completing ations of my position as registered agent as provided in writing of this change.  Donna Harrison, Special Secretary 5	of the repliability sof the limited imited	gistered office company, it is mixed liability I liability com onna Harris	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany, son, Attorney-in-Fact  Printed or typed name of signee
Signat	ure of Registered Agent			

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