

# M17000003551

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.

((H18000190223 3)))



H18000190223ABC

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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

## LLC REGISTERED AGENT CHANGE VALUCENTRIC FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2018 JUN 27 AM 11:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE

18 JUN 27 AM 8:57

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VALUCENTRIC FLORIDA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Underwood

Name of Person

Corporate Creations International Inc.

Firm/Company

11380 Prosperity Farms Rd #221E

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

govdocs@corpcreations.com

E-mail address: (to be used for future annual report notification.)

For further information concerning this matter, please call:

Lauren Underwood

Name of Person

at ( 561 )

694-8107

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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.

1. Name of the limited liability company: VALUCENTRIC FLORIDA, LLC
2. (a) Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
1003 MOUNT HERMON ROAD, SUITE 101  
SALISBURY, MD 21804
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
1003 MOUNT HERMON ROAD, SUITE 101  
SALISBURY, MD 21804
3. 04/26/2017 Date of filing/registration in Florida
4. M17000003551 Document number

5. (a) CORPORATION SERVICE COMPANY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

- (b) Corporate Creations Network Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
11380 Prosperity Farms Road #221E  
Palm Beach Gardens, FL 33410

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lauren Underwood  
Signature of a member or authorized representative of a member

Lauren Underwood, Attorney-in-Fact  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lauren Underwood  
Signature of Registered Agent: Lauren Underwood, Attorney-in-Fact

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

FILED  
18 JUN 27 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301