06765

(Requestor's Name)			
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(Business Entity Name)			
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ACCOUNT NO. : 12000000195

REFERENCE: 787392

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 23, 2011

ORDER TIME : 9:11 AM

ORDER NO. : 787392-040

CUSTOMER NO: 7394549

CHANGE OF AGENT

NAME: V.P. MANAGER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	Florida
1. The name of t	the corporation: V.P. MANAGER, INC.	
2. The principal	office address: 11200 Rockville Pike, Suite 502, Rockville, MD 208	852
3. The mailing ac	address (if different):	
4. Date of incorp	poration/qualification: 06/18/2003 Document number: P03000	0067615
	d street address of the current registered agent and registered office on file watment of State:	ith the
	C T Corporation System	
	1200 South Pine Island Road	_
	Plantation, FL 33324	70111 SEC
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	SSE T
	Corporation Service Company	AMIL: 4
	1201 Hays Street	ORNIG
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	_
The street address changed will	ess of its registered office and the street address of the business office of i be identical.	its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer so
Wa	Maureen Cathell, Vice President	dent
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and count of a familiar with and accept the obligation of my position as registered in the registered office address, I here to be notified in writing of this change. The conservation of this change in the registered office address, I here to see notified in writing of this change.	mnlete performance
By: 2 10	May 19, 2011	
	gnature of Registered Agent) (Date)	
_ -	half of an entity:	
	y, Assistant VP yped or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *