## PD400005664

| (Requestor's Name)                      |                        |                 |  |  |
|---|------------------------|-----------------|--|--|
| (Address)                               |                        |                 |  |  |
| (Ac                                     | ldress)                |                 |  |  |
| (Ci                                     | ty/State/Zip/Phone     | <del>2</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL            |  |  |
| (Business Entity Name)                  |                        |                 |  |  |
| (Document Number)                       |                        |                 |  |  |
| Certified Copies                        | Certificates of Status |                 |  |  |
| Special Instructions to Filing Officer: |                        |                 |  |  |
|   |                        |                 |  |  |
|   |                        |                 |  |  |
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: March 17, 2014

Order#: 047899/042

Re: VMG-WFD, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Alex Smetana c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of cha   | provisions of sections 607.0502, 6.<br>nge is submitted for a corporation<br>r to change its registered office or   | organized under the la  | ws of the State of _                                       | Florida   |
|--|---|---|--|---|
| 1. The name of t   | he corporation: VMG-WFD, INC.   |   |  |   |
| 2. The principal   | office address: 300 Plaza Drive, V  | estal, NY 13850   |  |   |
| 3. The mailing a   | ddress (if different):  |   |  |   |
| 4. Date of incorp  | poration/qualification: 01/07/2008  | B Document  | number: P040000  | 005664  |
|  | street address of the current registement of State: (If resigned, enter t   |   | ed office on file wi                                       | th the  |
|  | NRAI Services, Inc.   |   |  | <b>,</b> '                                      |
|  | 1200 South Pine Island Road   |   |  |   |
|  | Plantation  | FL  | 33324  | F 28  |
| 6. The name and (if changed):  | street address of the new registere   | ed agent (if changed) ar  | nd /or registered off                                      | ,   |
|  | Corporation Service Company   |   |  | <b>3</b> 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|  | 1201 Hays Street  |   |  | 50 F  |
|  | P.O. B<br>Tallahassee   | ox NOT acceptable   | 32301  |   |
|  | ess of its registered office and the be identical.  |   |  |   |
| authorized by th   | s authorized by resolution duly ac<br>le board, or the corporation has be   | een notified in writing   | of the change.   | Jineer so                                       |
| Signatu  | te of an officer or director  | Dona Priebe, \  | Vice President   | ë   |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not no Service Company | ent and agree to act in<br>ll statutes relative to the<br>and accept the obliga | this capacity.<br>he proper and com<br>tion of my position | plete<br>as registered                          |
| By: Septim   | anement   | 03/12/2014  | Date   |   |
| If signing on be   | half of an entity:  |   | Date   |   |
|  | t, Assistant Vice President   |   |  |   |
|  | yped or Printed Name  |   |  |   |

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