## )00|(Requestor's Name) (Address) 000276882660 (Address) 09/18/15--01023--007 \*\*35.00 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) IIS SEP Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_ CI Special Instructions to Filing Officer: PH 12: 28 Office Use Only SEP 23 2015 ALBRITTON

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

1. The name of the corporation: VAPAC, INC.
2. The principal office address: 3300 N. University Dr. Suite 500
Coral Springs, Florida 33065
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/15/2010 Document number: P10000101190
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Bessie Petroutsas
3300 N. University Dr. , Suite 500
Coral Springs, Florida 33065
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Judith A Jarvis 3300 N. University Dr. Suite 500
3300 N. University Dr. Suite 500
P.O. Box NOT acceptable
Coral Springs, Florida 33065
The street address of its registered office and the street address of the business office of its registered agent,

as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer of director

Bernard T. Moyle, CO/D

Printed or typed name and title

Date

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)