P98000012467

(Requestor's Name)				
(Ado	iress)			
(Address)				
(City	/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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TOTAPR 13 AM II: 40
SECRETARY OF STATE.

RARCICHE

APR 1 4 2017

I ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 11, 2017

Order#: 592620/003

Re: VFINANCE HOLDINGS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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:Ami Casper 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	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	r <u>FL</u>	, this	_
1. The name of t	the corporation: VFINANCE HOLDI	INGS, INC.			
2. The principal	1 155 (** 2) 1 1	RAton El	VV -	<u> </u>	= 40
3. The mailing a	ddress (if different):	(.50Yr.C.)			
4. Date of incorp	poration/qualification: 02/09/1998	Document number: P98000	0012467		
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file vesigned)	with the		
	Alan Levin				
	1200 North Federal Highway, Suil	te 400	- - :	2	
	Boca Raton	FL 33432	SECKE ALLAN	2017 APR	7
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered o	HASSEY &	3	
	Corporation Service Company			AH II:	O
	1201 Hays Street		200 A	£ 4	
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301	_		
The street addre as changed will	ss of its registered office and the s be identical.	street address of the business office of i	ts registe	red age	ent.
Such change wa authorized by th	s authorized by resolution duly ade board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer s	0	
Xiel	2 agnie	Jill Cilmi, Vice President			
/ J	e of an officer or director	Printed or typed name and ti	tle		-
I further agree to performance of a gent—Or, if thi hereby confirm to	o comply with the provisions of all my duties, and I am familiar with c	nt and agree to act in this capacity, I statutes relative to the proper and cor and accept the obligation of my positio o reflect a change in the registered offi fied in writing of this change	n as revis	stered ss. I	
By: In	aco CKuble	04/11/2017			_
Sigr	nature of Registered Agent	Date		-	
If signing on bel	nalf of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	ped 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 * * *