

MO8000003163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

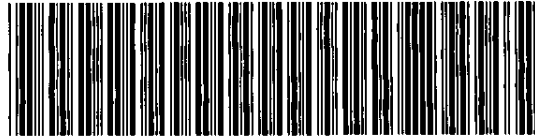
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF REVENUE
16 OCT 14 PM 3:51
TALLAHASSEE, FLORIDA

OCT 17 2016

Y SULKER

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

10/14/2016

ACCT. I20160000072

Eric Dill

Name:	VCORP SERVICES LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
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Availability _____
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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VCORP SERVICES, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

INHS18 (2/14)

**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: VCORP SERVICES, LLC

2. (a) 25 ROBERT PITT DRIVE Suite 204 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Monsey NY 10952

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

07/03/2008

M08000003163

3. Date of filing/registration in Florida

4. Document number

5. (a) WASSERSTROM, KEITH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5011 SOUTH STATE ROAD 7

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Suite 106

Davie, FL 33314

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

C T Corporation System

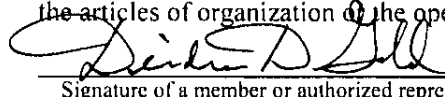
NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

FILED
16 OCT 14 AM 9:01
TALLAHASSEE, FLORIDA

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.



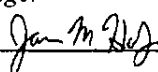
Deidra D. Gold

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

By: C T Corporation System
Signature of Registered Agent

 James M. Halpin
Assistant Secretary

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