

L140000 18515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

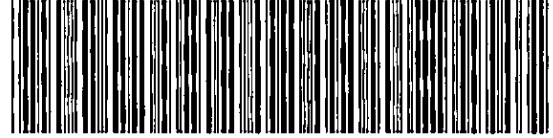
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JCS
7/19/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITORIA PROPERTIES 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:

ANTONIO C. RAYMUNDO
Name of Person

AD RESIDENCES.COM
Firm/Company

PO BOX 236
Address

LOUGHMAN / FL . 33858
City/State and Zip Code

ANTONIO @ AD RESIDENCES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO C. RAYMUNDO at (407) 968-7982
Name of Person 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

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: VITORIA PROPERTIES LLC

2. (a) 4039 OAKTREE LOOP (b) PO BOX 236

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DAVENPORT, FL 33837

LOUGHMAN, FL 33858

3. 02/03/2014
Date of filing/registration in Florida

4. L 14000018515
Document number

5. (a) CELESTINO, DE CICCIO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10056 CANOPY TRIBUT
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

ORLANDO, FL 32836
_____ FL _____

(b) ANTONIO C. RAYMUNDO
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4039 OAKTREE DR
NEW Registered Office Address:

DAVENPORT FL 33837

RECORDS SECTION
TALLAHASSEE, FLORIDA

2018 JUL 10 PM 2:57

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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.

x *Nelson Baptista Jr*
Signature of a member or authorized representative of a member

NELSON BAPTISTA JR
Printed or typed name of signer

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.

Signature of Registered Agent