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COVER LETTER

Division of Corporations
SUBJECT: SGV Properties In C. Name of Corporation
DOCUMENT NUMBER: $970000 \ge 3026$
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven G. Vitale
Name of Contact Person
Firm/Company
211 S. Colorado Ave. Suitez
Address City/State and Zip Code
SV41969@Gol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: The first function concerning this matter, please call: The first function concerning this matter, please call:
Name of Contact Person at (Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of/0/10/4
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SGV Proferties InC.
2. The principal office address: 211 S. Colorgos Ave. Svite 2
Stuart FL 34994
3. The mailing address (if different): 4 1 5. (ologoo Ave. Suit
5. The maning address (in different): 4 217 - Color of the Color of th
$\Rightarrow Va ^{2}$ C $\Rightarrow T \sqrt{T}$
4. Date of incorporation/qualification: 3/13/9/ Document number: P9/0000250
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)
Steven G. Vitalo.
FOSE Mar River 1/ + 202
30 St Octavi 13100 0 /// 202
StUA FC 3494 5
b and
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Steven (+ 1/tole
- 3/CVOI O. V/19/C
211 S. Colorado Ave. Suite 2
P.O. Box NOT acceptable
STUATT FL 34994
The street address of its registered office and the street address of the business office of its registered agent
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 authorized by the board, or the corporation has been notified in writing of the change.
TRIB TO LITE
Signature of an officer or director Printed or typed name and title
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 abroration has been notified in writing of this change.
0/7 9/11/
Significand Agent
Signature of Registered Agent (Date
If signing on behalf of an entity:
Typed or Printed Name

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