

PO90000 78692

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

VICTORIA GIRALDO
S F VIMA INC
881 OCEAN DRIVE APT 8F
KEY BISCAVNE, FL 33149

SUBJECT: S.F. VIMA, INC.
Ref. Number: P08000078692

We have received your document for S.F. VIMA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00013590

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S F Vima Inc

Name of Corporation

DOCUMENT NUMBER: P08000078692

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:

Victoria Giraldo

Name of Contact Person

S F Vima Inc

Firm/Company

881 Ocean Dr. Apt. 8F

Address

Key Biscayne, FL, 33149

City/State and Zip Code

viagiraldo@gmail.com

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

For further information concerning this matter, please call:

Victoria Giraldo

Name of Contact Person

at (786) 200-1288

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S F Vima Inc
2. The principal office address: 881 Ocean Dr. Apt 8F, Key Biscayne, FL 33149
(needs to be changed to 2121 Ponce de Leon Blvd. Suite 1050, Coral Gables, FL 33134)
3. The mailing address (if different): 2121 Ponce de Leon Blvd. Suite 1050, Coral Gables, FL 33134

4. Date of incorporation/qualification: 08-25-2008 Document number: 287-06-4555

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)

Consulting Services of South Florida INC

2121 Ponce de Leon Blvd. Suite 1050,

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Consulting Services of South Florida INC

2121 Ponce de Leon Blvd. Suite 1050,

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

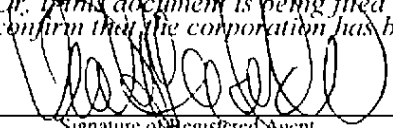


Signature of an officer or director

Victoria Giraldo

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 corporation has been notified in writing of this change.



Signature of Registered Agent

June 19th, 2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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19 JUL 29 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA