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To:	Division of Corporations Fax Number : (850)617-6383	- 100 - 100 - 100 - 100 - 100	2022 DEC 19
From:	Account Name : REGISTERED AGENTS Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 the email address for this business	SSEE, FL	AM II: 4 I
anı	nual report mailings. Enter only one		
	REGISTERED AGENT (VIGLIONE PROPERT		

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C. BRUMBLEY
-DEC 20 2022

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

_{1.} VIGLION	E PROPERTIES LP						
Na	ame of Limited Partnership or Limited I	Liability Limited Partnership	, 				
2.01/27/2016		3. A 16000000064					
Date of filing/registration in Florida		Florida document number					
4. The name of the re Department of State:	egistered agent and the registered office	address as shown on the records	of the Florida				
	GOMES, MICHAEL	. N					
	Name						
	303 EAST WOOLBRIGHT RD #269						
	Address						
BOYNTON BEACH, FL 33435							
	City, State and 2	Zip	e e e e e e e e e e e e e e e e e e e				
5. The name and Florida street address of the new registered agent and/or office: Registered Agents Inc Name 7901 4th St N STE 300 Florida street address (P.O. Box not acceptable) St. Petersburg Fig. 33702							
Pagistared Agents Inc							
	Registered Agents Inc						
		00	7.55 0.7.				
	7901 4th St N STE 300						
	Florida street address (P.O. Bo		PA :				
	St. Petersburg	_{FL} 33702	m —				
	City, State and 7	Cip					
6. Such change(s) is/	are effective when filed by the Florida	Department of State.					
Marues Signature of General	Pertner President of	Viglione Properties Inc.					
Signature of General	Permer						
comply with the provi	opointment as registered agent and agn isions of all statutes relative to the prop h an accept the obligations of my positi	er and complete performance of					
Bell	ne-						
Signature of Register	ed Agent						

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50