The above named	l entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: THOMAS		01/25/2
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	D	Title	D
Name	BLECHINGBERG, THOMAS	Name	BLECHINGBERG, ANA YVONNE
Address	RES. EL PANORAMA APT A -41 CALLE	Address	8927 SW 66TH PL
City-State-Zip:	CNTRL CLB HIPICO CARACAS VENEZUELA AL	City-State-Zip:	GAINESVILLE FL 32608
Title	DTD	Title	VSD
		Name	BLECHINGBERG, WILLIAM D
Name	SICHEL, VIVIAN	Address	6040 KENNEDY BLVD EAST - APT. 20F
Address	14719 CLARENDON DR		
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	WEST NEW YORK NJ 07093

14719 CLARENDON DRIVE TAMPA FL 33624 US

## FEI Number: 59-2826161

#### Name and Address of Current Registered Agent:

SICHEL, VIVIAN 14719 CLARENDON DRIVE TAMPA, FL 33624 US

# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: VIVIAN SICHEL

### Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/25/2023 Date

## FILED Jan 25, 2023 Secretary of State 5458069694CC

01/25/2023 Date

Certificate of Status Desired: No

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M44424

Entity Name: VENMARK OF FLORIDA, INC.

## **Current Principal Place of Business:**

14719 CLARENDON DRIVE TAMPA, FL 33624

**Current Mailing Address:**