# SIGNATURE: NATALIE VO

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

S

Date

# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P20000050197

#### Entity Name: S E VOLE DELRAY, INC

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

15084 LYONS RD. UNIT # 500 DELRAY BEACH, FL 33446

#### **Current Mailing Address:**

15084 LYONS RD. UNIT # 500 DELRAY BEACH, FL 33446 US

## FEI Number: 85-3304868

## Name and Address of Current Registered Agent:

VO, NATALIE 15084 LYONS RD. UNIT # 500 DELRAY BEACH, FL 33446 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: NATALIE VO			04/07/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	S	
Name	VO, NATALIE	Name	VO, NATALIE	
Address	15084 LYONS RD. UNIT # 500	Address	15084 LYONS RD. UNIT # 500	
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446	

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

# FILED Apr 07, 2022 Secretary of State 5904502617CC

Certificate of Status Desired: Yes