City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Copy Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark

Other

CR2E031(7/97)

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of \to
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation is: VAKA, Inc.
2. The mailing address of the corporation is: 121 North B Street, Apt 2
Lake Worth, FL 33460
3. Date of incorporation/qualification: 3679 Document number: 745830
4. The name and address of the current registered agent and office:
Warren Wesson ===================================
Lake Worth, Fh 33460
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Vincent Villafane
1520 Lake Avenue, # 4A SE 3
Lake Worth, FL 33460
The street address of its registered office and the street address of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman of vice chairman of the board)
(Signature of an officer, chairman of the oblight)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Verse Fellofare Oblate Oblate
If signing on behalf of an entity: Vincent Villafane. President Registered Agent (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)