707000001507

(Re	equestor's Name)				
(Address)					
(Ad	idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only

Advised agent address Correct agent address



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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Virtual Reach Corporation, Inc. (Name of Corporation)							
DOCUMENT NUMBER: F07000001507							
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:							
Tamiqueca Johnson (Name of Contact Person)							
IBD (Firm/Company)							
3275 W. Hillsboro Blvd., Ste 300 (Address)							
Deerfield Beach, FL 33442							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Tamiqueca Johnson at (954) 333-8724 (Name of Contact Person) (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 Tallahassee, FL 32314 2661 Executive Center Circle							

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections ange is submitted for a er to change its registe	corporation organ	ized under the laws	of the State of	Nevada
1. The name of	the corporation: Virtu	al Reach Corpor	ation	·	
	office address: 3275			field Bch, FL	. 33442
3. The mailing	address (if different):_				
4. Date of incor	poration/qualification:		Document nun	nber: F07000	0001507
	d street address of the criment of State:	current registered a	gent and registered o	office on file wi	th the
	Junithan	Greene			. —
	Junathan 3275 W	Hillsborn :	#300		·
	Deemhour &		, Florida	<u> </u>	S S
6. The name and (if changed):	(Cit) d street address of the	y) new registered agen		· ——-	JUL 25
	Bobby Story				一門 早日
	3275 W. Hillst	ooro Blvd., St			ALORI STAT
	Deerfield Bear				Am 9
The street address changed will	ess of its registered of be identical.	Tice and the street	address of the busin	ess office of i	ts registered agent,
	as authorized by resol he board, or the corpo				
(Signati	ire of an officer of director)		Bobby	or typed name and	699-X
• •	the appointment as re to comply with the production of the product	egistered agent an ovisions of all state and accept the obli lect a change in the ing of this change.	d agree to act in thi tes relative to the p gation of my positio e registered office a		•
Ste	e Madelin				
	gnature of Registered Agent))		(Date)	
If signing on be	shalf of an entity:				
	Typed or Printed Name)		-		

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