

F10000004558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

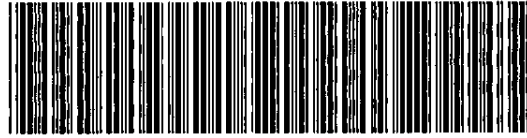
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

TBrown 9-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORACION DENTAL VOCO CA Corp
Name of Corporation

DOCUMENT NUMBER: F1000000 4558

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:

JUAN VERA
Name of Contact Person

CORPORACION DENTAL VOCO CA Corp
Firm/Company

19389 STONEBROOK STREET
Address

WESTON FL 33332
City/State and Zip Code

JUANVERASAAVEDRA @ Gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN VERA at (954) 439 2101
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
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2011

JUAN VERA
CORPORACION DENTAL VOCO C.A. CORP
19389 STONEBROOK STREET
FORT LAUDERDALE, FL 33332

SUBJECT: CORPORACION DENTAL VOCO C.A. CORP
Ref. Number: F10000004558

We have received your document for CORPORACION DENTAL VOCO C.A. CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 711A00018638

**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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CORPORACION DENTAL VOCO CA. CORP
2. The principal office address: AV LA ESTANCIA CC CIUDAD TAMAYACO PIRAMIDE
INVERTIDA NIVEL 4 OFIC 419 URB CHUARO CARACAS VENEZUELA
3. The mailing address (if different): 19389 STONEBROOK STREET, WESTON FL
33332
4. Date of incorporation/qualification: 10/15/2010 Document number: F10000004558
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VERA, JUAN (RESIGNED)
2700 GLENEL CIRCLE UNIT 106
WESTON, FL 33327

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JUAN VERA
19389 STONEBROOK STREET
P.O. Box NOT acceptable
WESTON, FL 33332

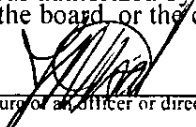
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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JUAN VERA
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

08/29/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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