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(((H20000062571 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:				
	•	 	 	 	

## REGISTERED AGENT CHANGE VENDINI, INC.

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## **COVER LETTER**

Division of Corporations	
SUBJECT: VENDINI, INC	•
Name of Corporation	
DOCUMENT NUMBER: F18000	001010
The enclosed Statement of Change of Registered	
Please return all correspondence concerning this	s matter to the following:
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Firm/Company 1701 Directors Blvd. Suite 300	· · · · · · · · · · · · · · · · · · ·
Firm/Company 1701 Directors Blvd. Suite 300 Address	
Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code	
Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code	ll report notification)
Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annua	
Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744	please call:

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

tatement of cha	provisions of sections 607.05 nge is submitted for a corpor r to change its registered off	ration organi	ized under the la	ws of the State of	<u> Delawa</u>		
The name of t     The principal	to change its registered office address: 55 FRA	VI, INC. NCISCO			r ioriuu.		
	ddress (if different):						
4. Date of incorp	poration/qualification: 2/2	7/2018	Document	number: F180	000001	010	
	I street address of the current truent of State: (If resigned,			ed office on file	with the		
	CT CORPOR	<b>ATION</b>	SYSTE	M			
	1200 SOUTH PINE IS	LAND RO	AD	·	_		
	PLANTATION		FL	33324	SECRI	2020 FEB	
5. The name and street address of the new registered agent (if changed) and for registered office (if changed):							
	Registered Age			· ······ · · · · · · · · · · · · · · ·	— 19 or	PM 12: 0	
	155 Office Plan			4	一召至	: 01	
	Tallahassee	P.O. Box	NOT acceptable 3230	01	гт: 		
The street address changed will	ess of its registered office ar be identical.	id the street a	address of the bi	usiness office of	its registere	xl agent,	
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted has been not	by its board of itied in writing	directors or by a of the change.	in officer so		
S/ Lawrence Signatu	e Franco re of an officer or director	<del></del>	L <u>awrence</u>	Franco ited or typed name and	COO		
l further agree i of my duties, an document is bei	the appointment as register to comply with the provision d I ani familiar with and ac ng filed merely to reflect a c been notified in writing of	ns of all stati cept the obli change in the	I agree to act in ites relative to ti gation of my pos registered offic	this capacity. he proper and co sition as register ce address, I her	omplete perf red agent. C eby confirm	Formance Or, if this that the	
Hod	natific of Registered Agent		02/25/20				
				Date			
	half of an entity:						
	Assistant Secretary  yped or Printed Name						
•	•	FILING FE	E: \$35.00 * * *				