

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

## VIGO REMITTANCE CORP.

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CT CORP

CT CORPORATION

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

	-	017.0502, 007.1508, or 017.1508, Florida	•	
		ation organized under the laws of the State (	-	
New York	in order to change its regi	stered office or registered agent, or both, in	t fhe State	
of Florida.				
1. The name of	the corporation: Vigo Remittance Co	377).	<del></del>	
2. The principa	l office address: 1300 Sawgrass Con	corate Parkway Suite 100, Sumise, FL 33323		
		· ·	. 0	
			100	
3. The mailing	address (if different):			
			25.6	
4. Date of incom	poration/qualification: 7/28/1994	Document number: F940000033	2500	
			40	
	d street address of the correct regis	terred agent and registered office on file with	I MOTION	
LIDITOR Ocha		rate Scrvices, Inc.		
			7	
	9200 South	Dadeland Blvd.	•	
	Miami,	FL 33156		
	nd street address of the new regis	tered agent (if changed) and /or registered	office (if	
changed):	СТСогро	ration System	_	
		poration System		
	(P.O. Box or personal melibox NOT acceptable)			
	1200 South Pine Island Re	oad, Plantation, Florida 33324		
The street addr	ess of its registered office and the ed will be identical.	street address of the business office of its r	egistered	
		depted by its board of directors or by an off		
(320	ald_	Osvaldo F. DeFaria Jr. President		
(Signature of the Uta	, chairman or vice chairman of the boate)	(Printed of typed name and title)		
I hereby accept	the appointment as registered ag	ent and agree to act in this capacity. Il statutes relative to the proper and compl and accept the obligation of my position a led merely to reflect a change in the registe tion has been notified in writing of this cha	lar.	
performance of	my duties, and I am familiar with	and accept the obligation of my position a	<u></u>	
registered agen office address	it. Or, ij this document is being ju I hereby confirm that the corporal	ea merely to reflect a change in the registe Non has been notified in writing of this cha	rea nge,	
CT	Componstion System		•	
By	<del></del>	10-17-05		
•	Signature of Registered Agent)	(Dam)		
If signing on beha	If of an entitleTER F. SOUZA			
(	Typed or Printed Name)	(Capacity)		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations. P.O. Box 6327. Tallahasses, FL 32314