K73881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAR 12 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Agency Of Investigations, Inc
Name of Corporation

DOCUMENT NUMBER: K73881

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:

Adalberto Vigil
Name of Contact Person

Florida Agency Of Investigations, Inc.
Firm/Company

10 Highpoint Road Suite A
Address

Tavernier, Florida 33070
City/State and Zip Code

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

For further information concerning this matter, please call:

Adalberto Vigil at (305) 451-2593
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

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 Florida _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Florida Agency Of Investigations, Inc.

2. The principal office address: 10 Highpoint Road Suite A, Tavernier Florida 33070

3. The mailing address (if different): P.O.Box 378980, Key Largo, Florida ~~33070~~ 33037

4. Date of incorporation/qualification: _____ Document number: K73881

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)

Adalberto Vigil

103301 Overseas Highway, Key Largo, Florida 33037

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

Adalberto Vigil

10 Highpoint Road, Suite A

P.O. Box NOT acceptable

Tavernier, Florida 33070

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SECRETARY OF STATE
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~~

Adalberto Vigil, President
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)