

LD6000042449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

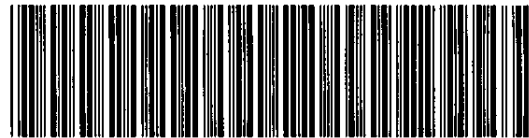
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AUG 22 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VICE AVERSA LLC
Name of Corporation

DOCUMENT NUMBER: L06000042449

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:

LOUIS STINSON, JR., ESQ.

Name of Contact Person

LOUIS STINSON, JR., PA

Firm/Company

110 MERRICK WAY, SUITE 3A

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LOUIS@STINSONLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS STINSON, JR.

Name of Contact Person

at (305) 444-8807

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

CR2E
2416

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: VICE AVERSA LLC
2. The principal office address: ~~400 BAYVIEW BLVD, SUITE 3300, CORAL GABLES, FL 33134~~
10155 COLLINS AVE UNIT #1609
3. The mailing address (if different): BAL HARBOUR FL 33154
4. Date of incorporation/qualification: 04/24/06 Document number: L06000042449

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)

STEWART AGENT SERVICES

2199 PONCE DE LEON BLVD, SUITE 301

CORAL GABLES, FL 33134

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

STEWART AGENT SERVICES

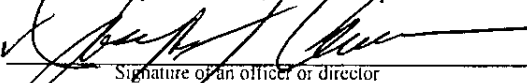
110 MERRICK WAY, SUITE 3A

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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

JOSEPH AVERSA - MGRM

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

07/30/14

Date

If signing on behalf of an entity:

LOUIS STINSON, JR, AS MANAGER

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

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