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J. SAULSBERRY EXAMINER

JAN 03 2013

## **COVER LETTER**

Division of Corporations		
SUBJECT: VIDALINDA ENTER Name of Limited	PRISES, LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted	for filing.
Please return all correspondence concerning this mat	ter to the following:	
VIRGINIA VALLE 10 (XANA Name of Person	GER	
VIDALINDA ENTERPRISES, L	TC_	
3020 KARCOS DR. UNIT S	- 304	2812 TACIL
AUEUTORA FLORIDA 331GC City/State and Zip Code	<u>)                                    </u>	BIZ DEC 27 J
E-mail address: (to be used for future annual report notification	)	M Q LO
For further information concerning this matter, pleas	se call:	» O
VIRCINIA VALLEJO at (3	OS 974-3818  Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amou	int:	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: <u>UIDALINDA ENTERPRISES, LLC</u>	
2. (a) Principal office address of limited liability company: 247 S.W. 8th STREET (Note: MUST BE STREET ADDRESS) # 1G1  KIAKI, FLORIDA 33130	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  # 161  **XIAXI, FLORIDA 33130	<u> </u>
JANUARY 14, 2008  3. Date of filing/registration in Florida  4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent: VIRGINIA VALLEJO	
Registered Office Address:  244 S.W. 8th STREET # 16   XIAXI, FLORIDA 33180	<u>-</u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent: SAXE	
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  3020 KARCOS DR  UNIT S - 304  AVENTURA ,FL 3316	<u> </u>
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vot the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.  I RCINIA VALLE TO  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capability. I farther agree comply with the provisions of all statutes relative to the proper and complete performance of my dutie and I am familiar with and accept the obligations of my position as registered agent as provided for it chapter old, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change signature of Registered Agent	e of

**FILING FEE: \$25.00**