## C10000042228

| (Requestor's Name)                      |                |             |  |  |  |  |
|---|----------------|-------------|--|--|--|--|
| (Address)                               |                |             |  |  |  |  |
| (Address)                               |                |             |  |  |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |  |  |
| PICK-UP                                 | WAIT           | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |  |
| (Do                                     | cument Number) | )           |  |  |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
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Office Use Only



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2018 APR 20 PM II: 17
SEURL TARY OF STATE
TARY AHASSEE, FLORIDA

J. LEGGETT APR 23 2018

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |   |                                      |  |
|---|--|---|--------------------------------------|--|
| SUBJI   | Veotoro LLC  |   |                                      |  |
| O D D   |  | of Limited Lia  | bility Company                       |  |
| Dear S  | ir or Madam:   |   |                                      |  |
| The en  | aclosed Registered Agent/Registered Office   | e Change and fo   | ee(s) are submitted for filing.      |  |
| Please  | return all correspondence concerning this  | matter to the fo  | ollowing:                            |  |
| Virgili                                       | io Guma  |   |                                      |  |
|   | Name of Person   |   | _                                    |  |
| Veoto   | oro LLC  |   |                                      |  |
|   | Firm/Company   | ······································  |                                      |  |
| 711 C   | Crandon Blvd #302  |   |                                      |  |
|   | Address  |   | _                                    |  |
| Key E   | Biscayne, Florida 33149  |   |                                      |  |
|   | City/State and Zip Code  |   | _                                    |  |
| kelly.  | guma@gmail.com   |   |                                      |  |
| E   | E-mail address: (to be used for future annua   | al report notific   | ration)                              |  |
| For fur                                       | ther information concerning this matter, pl  | lease call:   |                                      |  |
| Virgili                                       | o Guma   | 305<br>at (   | 778-0860                             |  |
| -   | Name of Person   |   | Area Code & Daytime Telephone 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 amount: |  |   |                                      |  |
|   | ■ \$25 Filing Fee  | <b>□</b> \$55   | Filing Fee & Certified Copy          |  |
| INHS1   | 8 (2/14)   |   |                                      |  |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N                        | ame of the limited liability company: Veotoro LLC  |  |   |  |  |  |
|-----------------------------|--|--|---|--|--|--|
| 2. (a)                      | 711 Crandon Blvd #302  | (b) 10   |   |  |  |  |
| 2. (4)                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)                         |  |  |  |
|                             | Key Biscayne, Florida 33149  | Br   | entwood, TN 37027   |  |  |  |
| 3.                          | April 20, 2010  Date of filing/registration in Florida   |  | 000042228  Document numb  | er   |  |  |
| 5. (a)                      |  |  |   |  |  |  |
| J. (a,                      | Registered Agent and Registered Office shown on the records of Guma  | the Florida Dept                                 | t, of State:  |  |  |  |
|                             | Registered Office Address (MUST BE FLORIDA STREET A  | ADDRESS)   |   | 2018 APR 20<br>SECRLTARI<br>SECRLTARI<br>SALLAHASS |  |  |
|                             | Key Biscayne   | 33149  |   | IN APR 20  |  |  |
| (b)                         |  |  | <del></del>   | 20 PMII: 17 ARY OF STATE                           |  |  |
|                             | REGISTERED AGENTS INC.   |  |   | 716  |  |  |
|                             | NEW Registered Office Address:   |  |   |  |  |  |
|                             | 3030 N. Rocky Point Drive, STE 150A  |  |   |  |  |  |
|                             | Tampa , FL   | 33607  |   |  |  |  |
| the ch<br>agent<br>was/w    | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registere<br>ability compa<br>of the limited | d office and the business<br>my, it is hereby confirme<br>liability company or as c<br>ity company. | s office of the registered ed that the change(s)   |  |  |
| Sign                        | ature of a member or authorized representative of a member   |  | Printed or typed nar  | me of signee                                       |  |  |
| provis<br>the ob-<br>to met | eby accept the appointment as registered agent and aggions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.  Bill Hayre/Assistant Secr   | performance<br>d for in Chap<br>hereby confir    | of my duties, and I am f<br>eter 605, F.S. Or, if this c  | amiliar with and accept<br>document is being filed |  |  |
| Simo                        | ure of Registered Agent  | ,  |   |  |  |  |