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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: VIA814, LLC	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Irit Vizer	
Name of Person	
VIA814, LLC	
Firm/Company	······································
111 S Maitland Ave.	
Address	
Maitland, FL 32751	
City/State and Zip C	Code
teri@viaairholdings.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this n	natter, please call:
Irit Vizer	407 7949757
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314
Enclosed is a check for the following	owing amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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	lame of the limited liability company: VIA814, LLC		
2. (a)		43.3	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	111 S Maitland Ave.	111 S	Maitland Ave.
:	Maitland, FL 32751	Maitlar	nd, FL 32751
	12/8/2010	L10000	125950
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Vizer, Irit Mrs.		
J. (a	Registered Agent and Registered Office shown on the records of		tate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 218 Jackson Street		19 J
	Maitland , FI	32751	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	4 Office address:	FILED JUL 15 PM 2: 83 WALESSE OF LORID
	Vizer, Irit	of Office address.	* 83 ************************************
	NEW Registered Office Address:		_
	111 S. Maitland Ave.		
	Maitland , FI	32751	
the chagent was/w the ari	limited liability company is not organized under the la 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 attree of a member or authorized representative of a member erby accept the appointment as registered agent and agreement and agreement and agreement and agreement and agreement are registered agent and agreement as registered agent and agreement as registered agent and agreement a	f the registered off iability company, i of the limited liability comments in the comments of the ree to act in this caree to act in this caree.	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
notific	sions 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 ed in writing of this change.	e performance of med for in Chapter 6 hereby confirm the	w auties, and t am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signat	ure of Registered Agent		