L12000119476

(Requestor's Name)					
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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07/21/14--01004--005 **25.00

SECRETARY OF STATE OF CORPORATIONS

C. LEWIS

AUG 1 2014

EXAMINER

COVER LETTER ·

Division	n of Corporations							
SUBJECT: V	ELUCA , LLC							
	Name	of Limited Liab	oility Company					
Dear Sir or Mad	lam:							
The enclosed Re	egistered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.					
Please return al	correspondence concerning this	matter to the fo	llowing:					
BALLETO, H	ECTOR LUIS							
	Name of Person		•					
VELUCA, LL	С							
	Firm/Company		-					
15 NW 7TH	AVENUE							
	Address		•					
FORT LAUD	ERDALE, FLORIDA 33311							
	City/State and Zip Code		-					
ALE@FLOR	IDA-BROKERS.COM							
E-mail add	dress: (to be used for future annu	al report notifica	ation)					
For further info	rmation concerning this matter, p	olease call:						
BALLETO, H	ECTOR LUIS	954 at (640-9111					
	Name of Person	_ \	Area Code & Daytime Telephone Number					
Registra Division Clifton 2661 Ex	AT/COURIER ADDRESS: Ation Section In of Corporations Building Recutive Center Circle See, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314					
Enclose	Enclosed is a check for the following amount:							
☑ \$25]	Filing Fee	\$55	Filing Fee & Certified Copy					
INHS18 (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: VELUCA, L						
2. (a)	VELUCA, LLC		(b) VELUCA, LLC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Ma	ailing address of limited lia		
	6304 Powerline Road		63	04 Pow	verline Road		
	Ft. Lauderdale, Florida 33309		Ft	. Laude	rdale, Florida 3330	09	
	09/18/2014		L12	2000119	9476		
3.	Date of filing/registration in Florida	4.	-	Ω	Document number	-	
5. (a)	FLORIDIAN TITLE GROUP						
J. (u)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dep	t. of State:			
	FLORIDIAN TITLE GROUP						
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRE	<u>(SS)</u>				
	20801 BISCAYNE BLVD #306						<u> </u>
	AVENTURA,	FL_3318	80			14 JUL 2	
(b)	BALLETO, HECTOR LUIS						発売
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office	address	į:		3	유유 연급
	BALLETO, HECTOR LUIS					AM 10: 31	RATIONS
	NEW Registered Office Address:						2
	6304 POWERLINE ROAD			_			
	FORT LAUDERDALE	_{FL} 3330	9				
Sign I herr provis the obtomenotifie	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the ere authorized by an affirmative vote of the member icles of organization or the operating agreement of at the appointment as registered agent and ions of all statutes relative to the proper and compilingations of my position as registered agent as provedy reflect a change in the registered office address and in writing of this change. Division of Corporations P.	s of the red liability rs of the limite the limite agree to a lie perforided for it, I hereby	gistere compainited d liabi ALLE act in trance n Chap confin	ed office any, it is I liability lity competer of HE	and the business offic hereby confirmed that company or as otherwoney. ECTOR LUIS Printed or typed name of socity. I further agree to luties, and I am familia F.S. Or, if this docume he limited liability confirmed.	tee of the re the chang wise provid	egistered ge(s) ded in
		FEE: \$					