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COVER LETTER

TO: Registration Section
Division of Corporations

VIX LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCELA VALLE

Name of Person

VIX LLC

Firm/Company

7512 Dr. Phillips Blvd Suite 50-955

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@WELCOMEHOMEMGT.COM

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

For further information concerning this matter, please call:

MARCELO SANTANA 407 963-2139

Name of Person at (_____) _____
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

☐ \$55 Filing Fee & Certified Copy

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.

VIX LLC

1. Name of the limited liability company: VIX LLC
5566 METROWEST BLVD, UNIT 02-105 ORLANDO, FL 32811 7512 Dr Phillips Blvd Suite 50-955 ORLANDO, FL 32819
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- 01/23/2014 L14000013060

3. Date of filing/registration in Florida 4. Document number

LARSON ACCOUNTING & CONSULTING SERVICES LLC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 KINGSPORTE PARKWAY STE 17

ORLANDO

32819

, FL

MARCELO SANTANA

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5411 INTERNATIONAL DRIVE

ORLANDO

32819

, FL

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marcela Valle dotloop verified
07/16/19 8:56 PM EDT
PTR8-LCvm G8OT-B515

Signature of a member or authorized representative of a member

MARCELA VALLE

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, 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.

Marcela Lopez Santana dotloop verified
07/16/19 5:47 PM EDT
PTR8-LCvm G8OT-B515

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00