

L14000 176180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

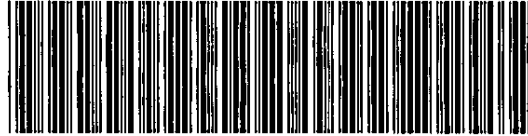
(Business Entity Name)

(Document Number)

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2015 NOV 12 PM 5:18  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

NOV 16 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Class VI LLC  
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:

Bart K. Vallaro  
Name of Person

Class VI LLC  
Firm/Company

3559 S. Federal Hwy #F  
Address

Boynton Beach, FL 33435  
City/State and Zip Code

bkv197@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bart Vallaro at (973) 477-3629  
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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2015

BART K VALLARO  
3559 S FEDERAL HWY #f  
BOYNTON BEACH, FL 33435

SUBJECT: CLASS VI LLC  
Ref. Number: L14000176180

RECEIVED  
15 NOV 12 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CLASS VI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 715A00022756

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Class VI LLC
2. (a) Class VI LLC (b) Class VI LLC  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
3559 S Federal Hwy #F 3559 S Federal Hwy #F  
Boynton Beach FL 33435 Boynton Beach FL 33435  
11/13/2014 L 14000176180
3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
17888 62<sup>th</sup> Court North  
Loxahatchee FL 33470

- (b) Bart Vallaro  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
3559 S Federal Hwy #F  
Boynton Beach FL 33435

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.

✓ Bart Vallaro  
Signature of a member or authorized representative of a member

Bart Vallaro  
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.

Bart Vallaro  
Signature of Registered Agent

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TALLAHASSEE FLORIDA