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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2020 JAN 24 PM 5:16

C. GOLDEN

JAN 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vivid Consulting Group 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:

Mercedes Young
Name of Person

Vivid Consulting Group LLC
Firm/Company

901 W. Fletcher Ave. Ste. A
Address

Tampa - Florida - 33612
City/State and Zip Code

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

For further information concerning this matter, please call:

Mercedes Young at (813) 965 4440
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2020

MERCEDES YOUNG
701 W. FLETCHER AVENUE
SUITE A
TAMPA, FL 33612

SUBJECT: VIVID CONSULTING GROUP, LLC.
Ref. Number: L16000187285

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

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00000797

**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: Vivid Consulting Group LLC.

2. (a) 701 W. Fletcher Ave. Ste. A. (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

701 W. Fletcher Ave. Ste A.
Tampa FL. 33612

3. 10-10-2014 4. L16000187285
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2902 W. Lutz Lake Fern Rd
Lutz, FL 33558

(b) Joseph Boyle
Enter name of NEW Registered Agent and/or NEW Registered Office address:

701 W. Fletcher Ave. Ste A.
NEW Registered Office Address:
701 W. Fletcher Ave. Ste A.
Tampa, FL 33612

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.

Mercedes Young
Signature of a member or authorized representative of a member

Mercedes Young
Printed or typed name of signee

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.

Rafael
Signature of Registered Agent