11800057309

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



100311659461

04/16/18--01021--020 **25.00

SECRETARY OF STATE ALLAHASSEE, FI NORTH

FILED

COVER LETTER

Division of Corporations	·	
VC02 Noncord		
SUBJECT: VCO2 Appared Name of Lim	nited Liability Company	
Tune of Dir	inco Diaonity Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Ethan Bangsil Name of Person		
B:T Med Apparel	LIC	
P.O. Box 970740	<u>)</u>	
Coconut Creek, FL City/State and Zip Code	33097	
VCOZAPPAREL® GMAT E-mail address: (to be used for future annual repo	L. COM rt notification)	
For further information concerning this matter, please c	call:	
Name of Person at (at (at (856) 217-7651 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	

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. Na	me of the limited liability company: VCO2 APPARET UC
2. (a)	433 Plaza Real (b) P.O. Box 970088
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 275 Cocomut Creek, FL
	Boca Raton, FL 33432 33097
	3/5/2018 L180,00057309
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Garofalo Law Office P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 433 Plaza Rea
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 275
	Boca Raton FL 33432
. (b)	BEB Venture Capital UC Ethan Bazza and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
•	433 Plaza Real
	NEW Registered Office Address:
	Suite 275
	Boca Raton, FL 33432
the cha agent v was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. Printed or typed name of signee
nouyie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.