

L18000 076 970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

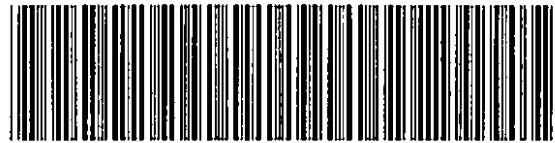
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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

SULKER

10/12/2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VYCE 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:

Zachary Bonifacio

\_\_\_\_\_  
Name of Person

VYCE GROUP

\_\_\_\_\_  
Firm/Company

320 Bahia Vista Dr

\_\_\_\_\_  
Address

Indian Rocks Beach, FL 33785

\_\_\_\_\_  
City/State and Zip Code

zachary.w.bonifacio@gmail.com

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

For further information concerning this matter, please call:

Zachary Bonifacio

\_\_\_\_\_  
Name of Person

813 5570187

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.*

1. Name of the limited liability company: VYCE GROUP LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

320 Bahia Vista Dr

Indian Rocks Beach FL 33785

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

320 Bahia Vista Dr

Indian Rocks Beach FL 33785

10/16/2019

L18000076970

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. SEMORAN BLVD SUITE 36

ORLANDO, FL 32822

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Zachary Bonifacio

**NEW** Registered Office Address:

320 Bahia Vista Dr

Indian Rocks Beach, FL 33785

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.

Zachary Bonifacio

[Signature]  
Signature of a member or authorized representative of a member

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.*

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
2019 OCT 21 10:10 AM  
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