

L200000162011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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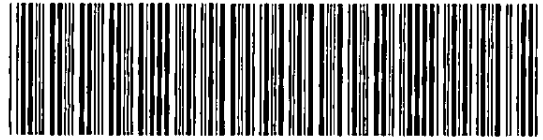
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
HALL AND STREET, 11.00

Bm 6/28/24

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VEDA SERVICES 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:

Amanda de Andrade Leite  
Name of Person

VEDA SERVICES LLC  
Firm/Company

10435 Midtown Parkway # 116  
Address

Jacksonville - Florida - 32246  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Andrade at ( 904 ) 614 5733  
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

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TALLAHASSEE, FL

**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: VEDA SERVICES LLC

2. (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**)

10435 midtown Parkway #116 10435 midtown Parkway #116  
Jacksonville - Florida - 32246 Jacksonville - Florida - 32246

3. June 6, 2024 4. L 20000362011  
Date of filing/registration in Florida Document number

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

TAX SMART ACCOUNTING SERVICES LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
9957 moonings drive ste 502  
Jacksonville FL 32257

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TALLAHASSEE, FLORIDA

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

Amanda de Andrade Leite  
**NEW Registered Office Address:**  
10435 midtown Parkway #116  
Jacksonville FL 32246

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.

[Signature] Amanda de Andrade Leite  
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