L23 000 149 422

(Ourseld March)								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Special instructions to 7 ming Officer.								

Office Use Only



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SCORE TO SELECT

2023 APR 25 PT 2:2

COVER LETTER

Good Vibes Only Vending			
SUBJECT: Na	me of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for t	filing.
Please return all correspondence concerning the	his matter to the	following:	
Patrick Voltapetti			
Name of Person		_ 	
PV & KM Holdings			5-3
Firm/Company			2023 APR SECULIA
2719 HOLLYWOOD BLVD. # L-	72		PR 25
Address			11.11 CT
Hollywood, FL. 33020			.™ .~ <u>~</u> ?
City/State and Zip Code			. 2
pvoltapetti@gmail.com			
E-mail address: (to be used for future an	nual report noti	fication)	
For further information concerning this matter	r. please call:		
Patrick Voltapetti	305 at (542-6340	
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 Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ations hassee reet, Suite 810
Enclosed is a check for the followin	ig amount:		

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: Good Vibes Only	Vendi				
2. (a)	2719 HOLLYWOOD BLVD. # L-72		(b	, i	2719	HOLLYWOOD BLVD. # L-72
2. (u	<u>.,</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	ν	-/_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		HOLLYWOOD, FL, 33020	_		_	Holl	LYWOOD, FL, 33020
		03/24/2023	_		L2.	300014	49422
3.		Date of filing/registration in Florida	4.				Document number
5.	(a)	United States Corporation Agents, INC.					
٥.	(4)	Registered Agent and Registered Office shown on the records of t 476 Riverside Ave	he Flo	rida	a De	pt. of St	State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		476 Riverside Ave					
		Jacksonville . FL	32202	2			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				2023 APR	
		2719 HOLLYWOOD BLVD. # L-72					_ 25 ;
		NEW Registered Office Address: 2719 HOLLYVNOOD BLVD. # L-72					——————————————————————————————————————
		Hollywood, FL	<i>3</i> 3	06	30		 23
cha age was	nge nt v s/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	regis bility f the	tero co lim	ed o omp nite	office a any, it d liabi	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	_<		<u> </u>	^o atr	rick	Voltap	<u></u>
I h	vis. obi ner	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reference address. I have been as the contract of t	perfo. I for i	rm in (anc Cha	e of m nter b	Printed or typed name of signee apacity. I further agree to comply with the average apacity. I further agree to comply with the average and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
		Division of Corporations ● P.O. I	30x 6	32	7• ¹	Tallah	hassee, FL 32314

FILING FEE: \$25.00