L23000258531

Office Use Only



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SECHELARY OF SIAL

COVER LETTER

Division of Corporations			
SUBJECT: Vieta Construction			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Name of Person	_		
Firm Company	_		
2661 Montego bay Blud Address			
Missinnee #1 34746 City/State and Zip/Code	_		
E-mail address: (to be used for future annual report notific	to Compation)		
For further information concerning this matter, please call:			
Victor Nolasco at 407 Name of Person	8\82596 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		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

suomus	s the joinowing statement in order to change its registered office of registe	erea agent, or both, in the state of 11	oriaa.
1. Na	ime of the limited liability company:	Araction LL	n
2. (a)	2661 Montego Bay Blud (b) 260 Principal office address of limited liability company:	Mailing address of limited liability company	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	, .
	Kissinne FL		
	34746		
	05 26 23 LZ	3000258531	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Victor M Nolasco	_	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ate;	
	Montego Bay Blvd		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	7. 26	
	2661	F7	
	Kissimec FL 34746	HASS	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Z A SI	
		DE # 3	
	2661 Montego bay Blud.	——————————————————————————————————————	
	NEW Registered Office Address:		
	Kissimnee Fl 34746	_	
	E1		
	, rt	_	
	imited liability company is not organized under the laws of the State of F or changes are made, the Florida street address of the registered office as		
agent v	vill be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed that the change(s)
the arti	ere authorized by art affirmative vote of the members of the limited liabilicles of organization or the operating agreement of the limited liability con	mpany.	1 111
Signa	ture of a member or althorized representative of a member	Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this cap ons of all fatutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that I in writing of this change.	pacity. I further agree to comply with	h the ccept filed en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent