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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WEEXY SOLUTIONS LLC
Account Number : I20240000023
Phone : (407)818-3682
Fax Number : (409)204-6621

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 NOV 25 PM 2:46

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 NOV 25 PM 4:54
FILED

LLC REGISTERED AGENT CHANGE

VALIM SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

J. HORNE
NOV 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALIM SALES 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:

JESSICA DIRINGER

Name of Person

WEEXY ACCOUNTING

Firm/Company

1878 THETFORD CIR

Address

ORLANDO FL 32824

City/State and Zip Code

info@weexyaccounting.com

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

For further information concerning this matter, please call:

JESSICA DIRINGER

407 818 3682
at ()

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

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: VALIM SALES LLC

<p>2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>)</p> <p><u>4901 LONDON CREEK PLACE</u></p> <p><u>KISSIMMEE, FL 34758</u></p>	<p>(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>)</p> <p><u>4901 LONDON CREEK PLACE</u></p> <p><u>KISSIMMEE, FL 34758</u></p>
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<p>3. <u>01/04/2024</u> Date of filing/registration in Florida</p>	<p>4. <u>L24000012592</u> Document number</p>
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ZENBUSINESS INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
336 E. COLLEGE AVE. SUITE 301
TALLAHASSEE, FL 32301

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

WEEZY SOLUTIONS LLC

NEW Registered Office Address:

1878 Thetford Cir

ORLANDO, FL 32824

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.

Julie Valim
Signature of a member or authorized representative of a member

JULIE VALIM
Printed or typed name of signee

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.

essan C
Signature of Registered Agent

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