

N11000000 1153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

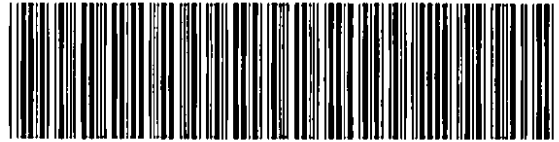
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800331080798 ✓

DECLARATION OF STATE

S TALLENT

JUL 29 2019

SECRETARY OF STATE  
TALLER, MASSACHUSETTS

2019 JUL 29 PM 6:27

FILED

R/1A-24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2019

ANA ISABEL VALLEJO  
VIDA LEGAL ASSISTANCE, INC.  
12955 BISCAYNE BLVD #408  
MIAMI, FL 33181

SUBJECT: VIDA LEGAL ASSISTANCE, INC.  
Ref. Number: N11000001153

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 219A00013776

2019 JUL 29 PM 2:26

## COVER LETTER

TO: Amendment Section  
Division of Corporations

VIDA LEGAL ASSISTANCE, INC

SUBJECT: \_\_\_\_\_  
Name of Corporation  
N11000001153

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA ISABEL VALLEJO

\_\_\_\_\_  
Name of Contact Person  
VIDA LEGAL ASSISTANCE INC

\_\_\_\_\_  
Firm/Company  
12955 BISCAYNE BLVD #408

\_\_\_\_\_  
Address  
MIAMI, FL 33181

\_\_\_\_\_  
City/State and Zip Code  
vallejoai@vidalaw.org

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

For further information concerning this matter, please call:

Ana Isabel Vallejo

786 601-6234

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

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VIDA LEGAL ASSISTANCE, INC.  
2. The principal office address: 27112 S. DIXIE HWY, NARANJA, FL 33032

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/02/2011 Document number: N11000001153

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MERCEDES V. LORDUY (resigned)

27112 S. Dixie Hwy

Naranja, FL 33032

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANA ISABEL VALLEJO

12955 BISCAYNE BLVD #408

P.O. Box NOT acceptable

MIAMI, FL 33181

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of officer or director

Idalis Perez, Vice President.  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Ana Isabel Vallejo  
Signature of Registered Agent

6 / 24 / 2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CD-200 (5-07-13)

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 29 PM 6:27

FILED