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FLORIDA DEPARTMENT OF STATE 242) AUG -4 AY 10: 42

July 20, 2021

JOHN J. WALL, CPA 10432 BALLS FORD ROAD STE 300 MANASSAS, VA 20109 US

SUBJECT: DE VALLETTE INTERNATIONAL FOUNDATION, INC.

Ref. Number: N20000000016

We have received your document for DE VALLETTE INTERNATIONAL FOUNDATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6823

Annette Ramsey **OPS**

Letter Number: 021A00016746

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DE VALLETTE INTERNATIONAL FOUNI Name of Corporation	DATION, INC.		
DOCUMENT NUMBER: N2000000016			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:		
JOHN J. WALL, CPA			
Name of Contact Person			
Firm/Company			
10432 BALLS FORD ROAD. STE 300			
Address			
MANASSAS, VA. 20109			
City/State and Zip Code			
JOHNWALL@JOHNWALLCPA.0	СОМ		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
JOHN J. WALL, CPA	at (703)399-1381 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35,00 check made payable to the Depa	artment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	f the State of FLORIDA
1. The name of the corporation: DE VALLETTE INTERNATIONAL FOUNDA	·
2. The principal office address: 8975 MALIBU ST., # 1304. NAPLES, FL 34113	
3. The mailing address (if different): PO BOX 1545, NAPLES, Ft. 34106	
The mailing address (if different): PO BOX 1545, NAPLES, FL 34106 4. Date of incorporation/qualification: 12/16/2019 Document num	ber: N20000000016
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	ffice on file with the
JENNIFER RODRIGUEZ	题 一个
8975 MALIBU ST., # 1304	
NAPLES, FL 34113	· 100 100 100 100 100 100 100 100 100 10
6. The name and street address of the new registered agent (if changed) and /or (if changed):	r registered office
JENNIFER GUARNIZO	
8975 MALIBU ST., # 1304	
P.O. Box NOT acceptable NAPLES, FL 34113	
The street address of its registered office and the street address of the business changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	ctors or by an officer so he change.
Market Signature of an officer or director Market of Printed of	Typed name and title, President
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the profine duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office accorporation has been notified in writing of this change.	capacity. caper and complete performance in as registered agent. Or, if this ddress. Thereby confirm that the
Signature of Registered Agent Ty	29, 2021
If signing on behalf of an entity:	
Tennifer 6-UL (1120 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

CR2E045 (04/13)