

PO2000013765

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VICENA INC.

(Name of corporation)

**DOCUMENT NUMBER:** P02000013765

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:

Maryna P. Harwood

(Name of contact person)

Olen Inc.

(Firm/Company)

234 Hudson Ave., 6566

(Address)

Albany, NY 12210

(City/state and zip code)

For further information concerning this matter, please call:

Maryna P. Harwood

(Name of contact person)

at (888)

544 7773  
441-7773

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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