## P03000068077

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T. ROBERTS

ELOZ 9 T NAV APR 1 6 2013

T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: AAA Vingl, 2nc. Name of Corporation
DOCUMENT NUMBER: P03 0000 68077
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:
TLEANA MARIE FREYRE  Name of Contact Person  AAA VinyL, Inc.  Firm/Company
534 Geraldine DR.
DeLtona, FL 32725 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIEANA MARIE FREYRE at 386 837-9706  Name of Contact Person 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

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

1. The name of the c	amanutani DAA	VinuL	. The.	
2. The principal office	100	Rada	TERRACE	
z. The principal office	DELTO	nA FL	32725	
3. The mailing addre	ess (if different):	9mE		
	<del></del>			
4. Date of incorporat	tion/qualification: $\frac{6/17/2}{2}$	Documer Documer	it number: <u>P03</u>	00006
	eet address of the current register nt of State: (If resigned, enter res		ered office on file with	the
	Wonda Pou	ne .		
·. —	1842 Bad	'a Ton	000	
	A / Tana	11 22	125	<i>)</i> .
	NECTOTIA, C	16 50	100	类 写
6. The name and stree (if changed):	eet address of the new registered	agent (if changed) a	and /or registered offic	
ud to:	ILEANA N	PARIZ F	REYRE	She was
4/13	534 Geral	dine L	Rive	70.00
	P.O. Box	NOT acceptable	271/	
	<u>RELIONA</u>	F 2 30	7/05	•
The street address o as changed will be i	f its registered office and the str dentical.	eet address of the l	ousiness office of its r	egistered ag
Such change was au authorized by the bo	thorized by resolution duly adopted or the corporation has been	pted by its board of	directors or by an off	ficer so
1) anta )	Pone	1/0)	nda J. F	505
Signature of	n officer or director appointment as registered agent		nted or typed name and title	- 1012
I further agree to co performance of my o	omply with the provisions of all s duties, and I am familiar with ar	statutes relative to nd accept the oblig	the proper and compl ation of my position a	s registerea
agent. Or, if this do hereby confirm that	cument is being filed merely to the corporation has been notifie	reflect a change in ed in writing of thi:	the registered office of change.	address, I
Hear	affreege		4/5/13	_
Signature	of Registered Agent		Date *	
If signing on behalf	OLAN ENTITY			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)