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	(Re	equestor's Name)	
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	PICK-UP	☐ WAIT	MAIL
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	(Do	ocument Number)	
Certified Co	pies	Certificates	of Status
Special Ins	structions to	Filing Officer:	

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SECRETARY OF STATE
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: VENTRONIX, TWC. (Name of corporation)
DOCUMENT NUMBER: P 03000 90704
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:
SIGRID (ASTELLAR (Name of person)
VENTRONIX INC. (Name of firm/company)
2645 Executive Park Dr., Suite 154
WESTON, FL 33331 (City/state and zip code)
For further information concerning this matter, please call:
Sigrid CASTELLAR at 954 385 08 46 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

• 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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: VENTRONIX, INC.
2. The principal office address: 2645 EXECUTIVE PARK DY, SUITE 154
WESTON, FL 33331
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/15/03 Document number: \$2030000 5074
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LUISA QUINTERO
10471 NW 28+h Street
MIAHI, FL 33172
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): LUISA QUINTERO 2. A.
2645 Executive Pack Dr. Suite 154 Fig. 7. (P.O. Box or personal mailbox NOI accoptable)
WESTON, FL 33331 III III III III III III III III I
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 an officer or director) Signature of an officer or director) Signature of an officer or director)
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 off this change. 3 22 04 (Signatural Registered Agent)
If signing on behalf of an entity:
W signing on obtain or air orining.
(Typed or Printed Name) (Capacity)

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