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SECRETARY OF STATE
AND AHASSEE, FLORIDA

JAN 13 2016 C. CAKKUTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation

DOCUMENT NUMBER: P04000024031

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:

Walter F. Hinz

Name of Contact Person

Walter F. Hinz, CPA

Firm/Company

1200 NW 17th Avenue, Suite 22

Address

Delray Beach, FL 33445-2513

City/State and Zip Code

walt@whinzcpa.com

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

For further information concerning this matter, please call:

Walter F. Hinz 561 276-1450

Name of Contact Person Area Code & Daytime Tel

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

statement of char	nge is submitted fo	or a corporation organi	t, 607.1508, or 617.1508, Florida Stat zed under the laws of the State of Flor red agent, or both, in the State of Flor	orida		
		VALANG INC.	ed agent, or both, in the State of Pior	iuu.		
	1. The name of the corporation: VALANG INC. 2. The principal office address: 1200 NW 17th Avenue, Suite 22					
2. The principal	office address:		FL 33445-2513			
3. The mailing ac	ddress (if differen	t):				
4. Date of incorp	oration/qualificat	ion: 02/03/2004	Document number: P04000	024031		
5. The name and	street address of		ent and registered office on file with t	he		
	Bruntor	n Registered Age	ents	2016 JAN SECRETO		
4710 NW 2nd Avenue, Suite 101						
	Boca F	Raton, FL 33431		OF S		
Boca Raton, FL 33431 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Walter	F. Hinz, CPA				
1200 NW 17th Avenue, Suite 22						
	Dalas	P.O. Box NOT a	•			
	Deiray	y Beach, FL 3344	15-2513			
The street addre	ss of its registered be identical.	d office and the street a	ddress of the business office of its re	gistered agent,		
Such change wa authorized by th	s authorized by re e board, or the co	esolution duly adopted l rporation has been noti	by its board of directors or by an offi- fied in writing of the change.	cer so		
	Valente Angehrn Signature of an office for director Printed or typed name and title					
-	•		Printed or typed name and title agree to act in this capacity. tes relative to the proper and comple cept the obligation of my position as ct a change in the registered office as writing of this change.	te registered ddress, I		
like	AT. Historia Age		12-18-15			
Sign	nature of Registered Age	ent	Date	•		
If signing on bel	half of an entity:					
Ту	ped or Printed Name					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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