

PO500000 111168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

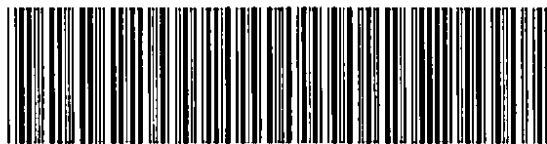
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**

2018 SEP -7 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE

SEP 14 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Voice lift inc  
Name of Corporation

DOCUMENT NUMBER: P05000014468

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:

Perry West  
Name of Contact Person

P.O. Box 427  
Firm/Company  
Address

Cocoa FL 32923  
City/State and Zip Code

pwest@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perry West at ( 321 ) 636 5804  
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VOICELIFT INC  
2. The principal office address: ~~P.O. Box 427~~ 505 Brevard Ave Ste 101  
Cocoa FL 32922  
3. The mailing address (if different): P.O. Box 427  
Cocoa FL 32923  
4. Date of incorporation/qualification: 1/27/05 Document number: P05000014468  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Perry West  
215 Riverside Dr # 12  
Cocoa FL 32922

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Perry Douglas West  
505 Brevard Ave Suite 101  
Cocoa, FL 32922

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Perry West Sec.  
Printed or typed name and title

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 of this change.

[Signature]  
Signature of Registered Agent

9/4/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

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2018 SEP -7 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FL