

P05 000060384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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6/10

**COVER LETTER**

TO: Amendment Section.  
Division of Corporations

NAME OF CORPORATION: Vive America, P.A.

DOCUMENT NUMBER: PO5000060384

The enclosed **Articles of Amendment** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karyn Todd  
(Name of Contact Person)

Vive America, P.A.  
(Firm/ Company)

80 S.W. 8th Street Suite 2000  
(Address)

Miami, FL 33130  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Karyn Todd at (305) 545-0000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

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

1. The name of the corporation: Ulive America PA
2. The principal office address: 80 S.W. 8th Street Suite 2000  
Miami FL 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/25/05 Document number: P05000060384
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Karyn Todd  
25 SE 2nd Ave Suite 435  
Miami FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Karyn Todd  
80 S.W. 8th Street Suite 2000  
Miami FL 33130  
(P.O. Box NOT acceptable)

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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.

Karyn Todd  
(Signature of an officer or director)

Karyn Todd President  
(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.

Karyn Todd  
(Signature of Registered Agent)

5/25/06  
(Date)

If signing on behalf of an entity:

Karyn Todd  
(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  
CR2E045 (8/05)