P0500083951

| (Re | questor's Name) | |
|-------------------------------|--------------------|---------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | :y/State/Zip/Phone | e #) |
| _ | _ | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | - |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| On a sink in a knowledge of a | Eight Office | |
| Special Instructions to | Filing Officer: | |
| | | |
| | · | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400244231844

02/11/13--01040--018 **35.00

FILED

3 FEB II PH 2:
SECRETARY OF STAIL
ALLAMASSEE ELOND

DIAWG-FEB 18 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AMELIA VEGA ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: P05000083951

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:

AMELIA VEGA

Name of Contact Person

MONARCH BUSINESS & WEALTH MANAGEMENT

Firm/Company

209 E. 31ST STREET

Address

NEW YORK, NY 10016

City/State and Zip Code

KBENSON@MONARCHMGMTLLC.COM

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

For further information concerning this matter, please call:

KRIS BENSON

212 、894-81

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

| | | | 17.0502, 607.1508, or (a organized under the lo | | | |
|---------------------------------|--|---|--|--|-------------------------------|--|
| | | | registered agent, or be | | | |
| 1. The name of | the corporation: | AMELIA VE | GA ENTERPRI | SES, INC. | | |
| | l office address: | SA MONTO | OMERY FERRY | DRIVE NE | | |
| | | ATLANTA, | GA 30309 | | | |
| 3. The mailing | address (if differ | _{rent):} 209 E. 3 | 1ST STREET | | | |
| | | NEW Y | ORK, NY 10016 | | | |
| 4. Date of incor | poration/qualific | eation: 9/28/20 | 11- 05 26 Document | P050000 |)83951 | |
| | | of the current regis (If resigned, enter | stered agent and register resigned) | red office on file with t | he | |
| | AMELIA V | EGA | | | | |
| | 900 BISC | AYNE BLVD. | , STE. 5206 | | | |
| | MIAMI, FL | 33132 | | | | |
| 6. The name and (if changed): | d street address o | of the new register | ed agent (if changed) ar | nd /or registered office | 13 SE | |
| | AMELIA V | EGA | | | 3 FEB EGRET/ ELAMA | |
| | 1428 BRIC | | UE, STE. 303 | | B i I | |
| | MJAMI, FL | | lox NOT acceptable | | | |
| The street address changed will | # | | street address of the bu | usiness office of its re | | |
| Such change was authorized by | as authorized by he board, or the | resolution duly a corporation has b | dopted by its board of cen notified in writing | directors or by an offic of the change. | cer so | |
| | | | AM | MELIA VEGA | | |
| | the appointment to obtain with the depropries with the delies, and is defined to prove the delies. | | ent and agree to act in ill statutes to the and accept the obligat to reflect a change in t ified in writing of this | ed or typed name and title this capacity, he proper and complet tion of my position as he registered office ac change. | te registered ldress, I | |
| | | | | 2/5/2013 | | |
| | chalf of an entity | | | Date | | |
| T | yped or Printed Name | | | | | |

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