

PO5000142500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

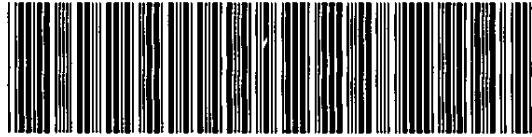
(Business Entity Name)

(Document Number)

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09 JUN 29 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/9/09
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vego Distributors Corp.
Name of Corporation

DOCUMENT NUMBER: P05000142500

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:

Josselyn Del Carmen Gomez
Name of Contact Person

Vego Distributors Corp.
Firm/Company

7880 West 20th Avenue Unit #36
Address

Miami, FL 33016
City/State and Zip Code

Gomezvego@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josselyn Del Carmen Gomez at 305 , 778-9038
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2009

JOSSELYN DEL CARMEN CROMEZ
7880 W 20 AVE UNIT 36
MIAMI, FL 33016

SUBJECT: VEGO DISTRIBUTORS CORP.
Ref. Number: P05000142500

We have received your document for VEGO DISTRIBUTORS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 909A00020517

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: VEGO DISTRIBUTOR CORP.
2. The principal office address: 7780 W 20TH AVENUE UNIT 36
HIALEAH, FL, 33016.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/19/2005 Document number: P05000142500.
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)

MIGUEL GOMEZ.
7880 WEST 20TH AVE UNIT 36
HIALEAH, 33016, FL.

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

JOSELYN DEL CARMON GOMEZ
7880 W 20TH AVE UNIT 36
HIALEAH, FL. 33016.

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.

MIGUEL GOMEZ
Signature of an officer or director

MIGUEL GOMEZ
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

01/04/05.
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
CR2E045 (8/05)

FILED
09 JUN 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA