P06000104246

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VALJE CORPOLATION (Name of Corporation)
DOCUMENT NUMBER: 70600104246
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:
ROBERT B SANDS (Name of Contact Person)
VALUE CORPORATION (Firm/Company)
8130 6 LADES ROAD # 409 (Address)
BOCA RATION FO 33434 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (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

* STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: VAIJE CORPORATION
2. The principal office address: 8130 GUANES ROAD, #409 BOCA RATION FZ 33434
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/9/06 Document number: P060010424
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATE CREATIONS Network Inc. 11380 PROSPERTY RAPHS RD # 221E
11380 PROSPERTY RAPUS RD # 221E
PALM BEACH GARDENS FL 334, OF BE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KOBENT'S SANDO
8130 SUDJES ROXD # 409 (P.O. Box NOT acceptable)
BOLA RATION FL 33484
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 of an orticer or director) Ros Ext. B SAND 6 (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 of Registered Agent) (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)