

PO6000138777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

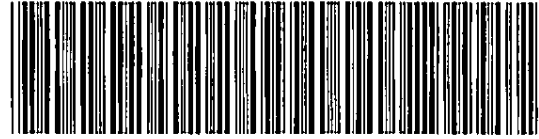
(Business Entity Name)

(Document Number)

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2020 OCT 13 PM 1:40

11/18
A/A-Resign



If It's Italian... It's Flora!

October 6, 2020

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

RE: P06000138777

Please change the Registered Agent for the above document number to:

JOHN FLORA

Thank You,

A handwritten signature in black ink, appearing to be "John Flora", with a long horizontal line extending to the right.

John Flora
President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vita Verde, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000138777

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

John Flora
(Name of Person)

Vita Verde, Inc.
(Name of Firm/Company)

11927 W. Sample Rd.
(Address)

Coral Springs, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

John Flora at (954) 785-3100
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Jeffrey W. Blecher
(Name of Registered Agent)

hereby resigns as Registered Agent for Vista Verde, Inc.
(Name of Corporation)

P06000138777
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

2020 OCT 13 PM 1:40

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314