## P07000073507

| (Red                      | questor's Name)   |                 |
|---------------------------|-------------------|-----------------|
| (Add                      | dress)            |                 |
| (Add                      | dress)            |                 |
| (City                     | //State/Zip/Phone | <del>9</del> #) |
| PICK-UP                   | WAIT              | MAIL            |
| (Bus                      | siness Entity Nan | ne)             |
| (Doc                      | cument Number)    |                 |
| Certified Copies          | Certificates      | of Status       |
| Special Instructions to F | Filing Officer:   | ,               |
|                           |                   |                 |
|                           |                   |                 |
|                           |                   |                 |

Office Use Only



700168458547

02/12/10--01020--014 \*\*35.00

10 FEB 12 PH 1:58
SECRETARY OF SIAIL
AHASSEE, FLORID

C.A. Charge

C.COULLIETTE

FEB 16 2010

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: VIANT'S MAINTENANCE INC Name of Corporation   |  |  |
| DOCUMENT NUMBER: P070000 7 3507  |  |  |
| 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:  |  |  |
| LESHANA YOUNG  Name of Contact Person  |  |  |
| VIANI'S MAINTENANCE Firm/Company   |  |  |
| 5781 LEE BLVD #208-356   |  |  |
| Lehigh ACTES F1 3397/  |  |  |
| E-mail address: (to be used for future annual report noation)  |  |  |
| For further information concerning this matter, please call:  Leshana Young at (561) 210-1695  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

| 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: VIANI'S MAINTENANCE INC  |
| 2. The principal office address: 5181 LEE BLVD # 208 - 3.56  |
| LEHIGH ACRES, FL 33971   |
| 3. The mailing address (if different): 5781 LEE BLVD # 208-356   |
| Lehigh ACRES, FI 33971   |
| 4. Date of incorporation/qualification: D-26-01 Document number: V010000 '73501  |
| 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)   |
| LESHANA Young  |
| _S116 Butte ST.  |
| Lehigh ACRES FL 33971  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
|  |
| 5781 Lee Blud #208-356   |
| Lehigh Acres FL 33971  |
| 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 officer or director  LESHANIF YOUNG  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. |
| 2-10-10  |
| Signature of Registered Agent  Date  If signing on behalf of an entity:  |
|  |
| Typed or Printed Name  |

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