

PO8000026614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

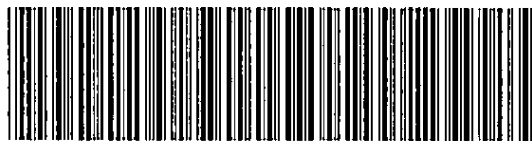
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800317444208

08/27/18--01028--016 **35.00

FILED

2018 AUG 27 P 12:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 28 2018

T. LEMMON

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SouthFloridaVirtualtour.com, Inc
Name of Corporation

DOCUMENT NUMBER: P08000026614

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:

Roberto Dansond
Name of Contact Person
SouthFloridaVirtualtour.com, Inc
Firm/Company
1500 Weston Rd #200
Address
Weston FL, 33326
City/State and Zip Code
R@SFVT.05
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Dansond at 954, 214-4556
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**

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: SouthFloridaVirtualTour.com, Inc
2. The principal office address: 1500 Weston Rd #200
Weston FL, 33326
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 3/12/2008 Document number: P08000026614

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)

Roberto Dangond
12648 NW 11th Ct
Sunrise FL 33323

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

Roberto Dangond
1500 Weston Rd #200
Weston FL, 33326
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.

Roberto Dangond
Signature of an officer or director

Roberto Dangond
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.

Roberto Dangond
Signature of Registered Agent

8/22/18
Date

If signing on behalf of an entity:

Roberto Dangond
Typed or Printed Name

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