

PO8000026750

Dos Voursas

(Requestor's Name)

408 Friar Tuck Ln

(Address)

(Address)

St. Augustine, FL 32092

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

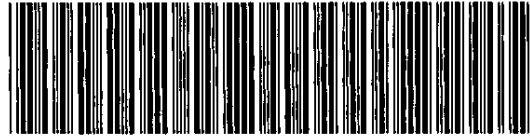
(Business Entity Name)

(Document Number)

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**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L Deja Vu Enterprises, Inc.
2. The principal office address: 408 Friar Tuck Lane, St. Augustine, FL 32092
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March, 13, 2008 Document number: P08000026750
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)

Laura D. Desvousges

116 Cowry Road

St, Augustine, FL 32086

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

Laura D. Villaverde

408 Friar Tuck Lane

P.O. Box NOT acceptable

St. Augustine, FL 32092

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.

Laura D. Villaverde  
Signature of an officer or director

Laura D. Villaverde  
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.*

Laura D. Villaverde  
Signature of Registered Agent

2/27/2012  
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