P08000055655

	(Requestor's Name)			
_	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			

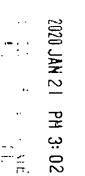
Office Use Only



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RAZH

COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: VD MULTI SERVICES Name of Corporation	S CORP	
Name of Corporation		
DOCUMENT NUMBER: P08000	0055655	
The enclosed Statement of Change	e of Registered Office/Age	nt and fee are submitted for filing.
Please return all correspondence e	oncerning this matter to the	following:
OSCAR DE LA CRUZ		
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
VD MULTI SERVICES CORP		
Firm/Company		
18802 NW 89 AVE		
Address		<u>—</u>
HIALEAH, FL 33018		
City/State and Zip Code		
vdmultiservic	es@yahoo.com	
E-mail address: (to be used for	future annual report noti	fication)
For further information concerning	g this matter, please call:	
OSCAR DE LA CRUZ	at (305)826-3475 Area Code & Daytime Telephone Number
Name of Contact F	erson	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made	payable to the Department	of State.
Mailing A	Address: eent Section	Street Address:
		Amendment Section
	of Corporations	Division of Corporations
P.O. Box	0.027	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes ion organized under the laws of the State of FLORIU or registered agent, or both, in the State of Florida.	DA	
	<u>.</u>			
1. The name of	of the corporation: V.D.MULTI SEF	CVICES CORI:		
2. The princip	oal office address: 18802 NW 89 AV	/E HIALEAH, FL 33018		
3. The mailing	g address (if different):			
4. Date of inc	orporation/qualification: 06/05/200	Document number: P08000055655		
5. The name a		gistered agent and registered office on file with the		
	OSCAR DE LA CRUZ			
	6645 NW 178 TERR			
	HIALEAH, FL 33015		20.	
6. The name a		tered agent (if changed) and /or registered office	2020 JAN 2 I	
	OSCAR DE LA CRUZ		•	
	18802 NW 89 AVE		PM 3: 02	
	P.O. Box NOT acceptable			
	HIALEAH, FL 33018	· · · · · · · · · · · · · · · · · · ·	-, 10	
The street add as changed w	dress of its registered office and the identical.	he street address of the business office of its regist	tered agent,	
		y adopted by its board of directors or by an officer s been notified in writing of the change.		
		OSCAR DE LA CRUZ VICE-PRESIDEN	TT	
_	ature of an officer of director	Printed or typed name and title		
I further agre of my duties, document is l	pt the appointment as registered to comply with the provisions of and acception and acception filedymerely to reflect a chattast been yntified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete point the obligation of my position as registered agent Inge in the registered office address, I hereby confishinge.	performance ' Or, if this irm that the	
		01/16/2020		
	Signature of Registered Agent	Date		
If signing on	behalf of an entity:			
OSCAR DE L	A CRUZ			
	Typed or Printed Name			

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