## PD8DDD059176

(Requestor's Name)					
(Address)					
. (Ad	dress)				
. (Cit	y/State/Zip/Phone	<del>;</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	<del></del>				

Office Use Only



600262230856

08/11/14--01050--011 \*\*35.00

Stockly Janes 11 Stockly

RARDICH8

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: VAISALI REALTY, CO.  Name of Corporation							
DOCUMENT NUMBER: <u>P08000059176</u>							
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:							
Myra Simmons Name of Contact Person							
Name of Contact Person							
Capitol Services Registered Agent Department Firm/Company							
	rim/Cor	npany					
	800 Brazos Ste 400						
	Addre	ess					
	Aus	stin, TX 78701					
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Myra Simmons ame of Contact Person	at ( 800 ) 345-4647 Area Code & Daytime Telephone Number					
Na	ame 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	Street Address: Amendment Section					
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle					
		Tallahassee, FL 32301					

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

statement of ch	hange is submitted for a co	orporation organized unde	108, or 617.1508, Florida Statu er the laws of the State of FL 11, or both, in the State of Flori	ORIDA
1. The name of	f the corporation: VAIS	ALI REALTY, CO	)	
2. The principa Miami, F	al office address: <u>900 Br</u> L 33131	ickell Key Blvd., #24	401	
3. The mailing	; address (if different):			
4. Date of inco	prporation/qualification: 6	6/17/2008 Do	cument number: P080000	059176
5. The name a		rrent registered agent and	registered office on file with the	
	Mariela Castro	······································		14 300
	19495 Biscayne E	Blvd., Suite 808		
	Aventura	FL	33180	79
6. The name and (if changed)		Slote w registered agent (if char	⊠ρ Code nged) and /or registered office	PN 12: 52
	Capitol Corporate	Services, Inc.		
	155 Office Plaza [			
	Street Address	P.O. Box NOT acceptable		
	Tallahassee	<u> </u>	32301	
The street add as changed wi	chy Iress of its registered offic Ill be identical.	Slate ce and the street address (	zip coos of the business office of its rep	gistered agent,
Such change vauthorized by	was authorized by resolut the board, or the corpora	ion duly adopted by its be tion has been notified in	oard of directors or by an office writing of the change.	cer so
Signo	fure of all officer or director		Printed or typed name and title:	Disector
I hereby accep I further agree performance c agent. Or, if t hereby confiri	ot the appointment as reg e to comply with the prov of my duties, and I am far this document is being fil m that the corporation ha	istered agent and agree i issions of all statutes rela niliar with and accept the ed merely to reflect a cha is been notified in writing	to act in this capacity, tive to the proper and comple, e obligation of my position as inge in the registered office ac of this change.	te registered idress, I
Dus	anu Cu ignature of Registered Agent	se	8-7-14 Date	
If signing on b	pehalf of an entity:			
Delanie Ca	ase, Asst. Secretary Typed or Printed Name	on behalf of Capito	ol Corporate Services, I	nc.
N <sub>k</sub>	*	* * FILING FEE: \$35.0	)() * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)