

P08000070852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

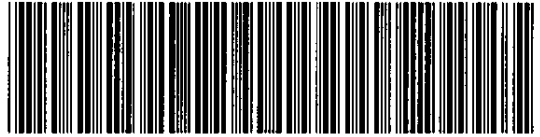
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP - 8 PM 3: 50

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R.A. Chong
COULLIETTE
SEP 10 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VIRTUS CORPORATION
Name of Corporation

DOCUMENT NUMBER: PD0000010852

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:

M. SCOTT SEGAL
Name of Contact Person

VIRTUS/SM CORPORATION
Firm/Company

840 BRICKELL AVE. #604
Address

Miami FL, 33131
City/State and Zip Code

fddrms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M SCOTT SEGAL at (305) 498 5848
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: VIRTUS/SM, CORPORATION

2. The principal office address: 840 BRICKELL AVE #604 Miami FL 33131

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/25/2008 Document number: 908000070852

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)

Manuel Diaz Jr.
5839 SW 74 TERRACE SUITE 304
Miami FL 33143

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

M. Scott Segal -
848 BRICKELL AVE SUITE 604.
P.O. Box NOT acceptable
Miami FL 33131

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TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

M SCOTT SEGAL
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.

[Signature]
Signature of Registered Agent

9/2/9
Date

If signing on behalf of an entity:
M SCOTT SEGAL
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
CR2E045 (8/05)