

PO8000 111 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

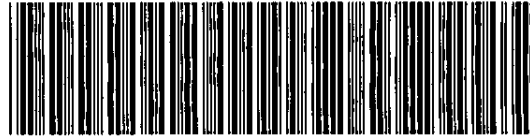
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 16 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

VENTO INC.

SUBJECT: _____
Name of Corporation

P08000111469

DOCUMENT NUMBER: _____

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:

GABOR VARHALMI

Name of Contact Person

VENTO INC.

Firm/Company

8369 NW 66 ST #6740

Address

MIAMI, FL 33166

City/State and Zip Code

ADMIN@VENTOINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABOR VARHALMI

941 726-2099

Name of Contact Person at (_____) 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

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.

VENTO INC.

1. The name of the corporation: _____

2. The principal office address: 8369 NW 66 ST #6740, MIAMI, FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/30/2008 Document number: P08000111469

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)

GABOR VARHALMI

4283 EXPRESS LANE SUITE N4310,

SARASOTA, FL 34238

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

GABOR VARHALMI

8369 NW 66 ST #6740

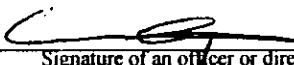
P.O. Box NOT acceptable

MIAMI, FL 33166

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SEP - 9 PM 1:50
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 of an officer or director

GABOR VARHALMI, TITLE PSD

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 of Registered Agent

August 04, 2014

Date

If signing on behalf of an entity:
GABOR VARHALMI

Typed or Printed Name

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