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COVER LETTER

TO: Amendment Section **Division of Corporations** VIRTUALLY DONE! OFFICE SERVICES, INC Name of Corporation P09000032340 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: MINA P. WOLTIL Name of Contact Person VAN SCOIK & WOLTIL LLP Firm/Company 2348 SUNSET POINT ROAD, SUITE A Address CLEARWATER, FL 33765 City/State and Zip Code MPWOLTILCPA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MINA P. WOLTIL 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2012

MINA P. WOLTIL VAN SCOIK & WOLTIL LLP 2348 SUNSET POINT ROAD SUITE A CLEARWATER, FL 33765 US

SUBJECT: VIRTUALLY DONE! OFFICE SERVICES, INC.

Ref. Number: P09000032340

We have received your document for VIRTUALLY DONE! OFFICE SERVICES, INC. and your check(s) totaling \$220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Letter Number: 912A00028746

Rebekah White Regulatory Specialist

www.sunbiz.org



December 4, 2012

MINA P. WOLTIL VAN SCOIK & WOLTIL LLP 2348 SUNSET POINT ROAD SUITE A CLEARWATER, FL 33765 US

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Rebekah White Regulatory Specialist

Letter Number: 912A00028746



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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floridange is submitted for a corporation organized under the laws of the State of the change its registered office or registered agent, or both, in the State of | f FLORIDA | |
|---|--|--|--|
| 1. The name of t | the corporation: VIRTUALLY DONE! OFFICE SERVICES, | INC. | |
| | office address: 13036 ROYAL GEORGE AVENUE , FL 33556 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 04/09/2009 Document number: P090 | 000032340 | |
| | d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned) | with the | |
| | WOLTIL & COMPANY, CPAS | _ | |
| | 10707 66TH STREET N, SUITE E | | |
| | PINELLAS PARK, FL 33782 | - | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered | 12 DE SECRET | |
| | VAN SCOIK & WOLTIL LLP | ASSE 19 | |
| | 2348 SUNSET POINT ROAD, SUITE A | | |
| | P.O. Box NOT acceptable CLEARWATER, FL 33765 | PH 12: 33 FSTATE FLORIDA | |
| The street address changed will | ess of its registered office and the street address of the business office of be identical. | | |
| | as authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change. | | |
| VICTORIA A MUZYKA, D, P Signature of an officer or director Printed or typed name and title | | | |
| I further garee : | the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply duties, and I am familiar with and accept the obligation of my positions document is being filed merely to reflect a change in the registered of that the corporation has been notified in writing of this change. | omplete on as registered fice address, I | |
| TO A Sign | phalure of Registered Agent Date | | |
| If signing on be | chalf of an entity: | | |
| MINA P WO | OLTIL yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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