

P 09 000086389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

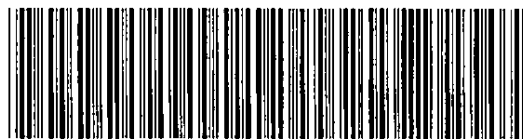
(Document Number)

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05/26/17--01001--010 \*\*35.00

FILED  
2017 JUN 15 AM 10:09  
CLERK OF COURT  
CLERK OF COURT

C. GOLDEN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2017

VESTOP, INC.  
2504 SW 22 AVENUE  
MIAMI, FL 33133

SUBJECT: VESTOP, INC.  
Ref. Number: P09000086389

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II

Letter Number: 717A00010885

17 JUN 15 AM 7:45  
17 JUN 15 AM 7:45

**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: VESTOP, INC.
2. The principal office address: 2504 SW 22 AVENUE  
MIAMI, FL 33133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10-18-09 Document number: P09000086389
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)

RESIGNED

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

CERVETTA-LAPHAM & ASSOCIATES, PA

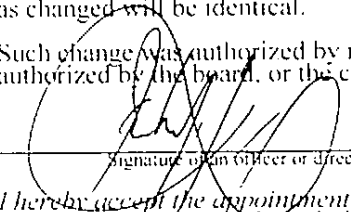
6609 SW 65 STREET

P.O. Box NOT acceptable

SOUTH MIAMI, FL 33143

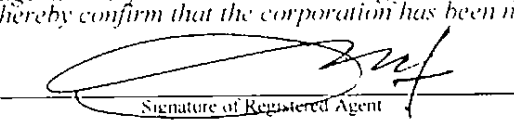
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PAT DAVY, PRESIDENT  
\_\_\_\_\_  
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

05-15-17

\_\_\_\_\_  
Date

If signing on behalf of an entity:

ANA CERVETTA-LAPHAM

\_\_\_\_\_  
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 (03/12)