P10000012-019

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900290932849

10/28/16--01013--015 **35.00

S. TALLENT

NOV 0 1 2016

R/A-CHANG



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: VIRIDIAN KEY GORD Name of Corporation		
DOCUMENT NUMBER: P1000012019		
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:		
ERNEST 6. OVITZ Name of Contact Person		
VIRIOIAN KEY CORP		
7234 DEEGAN ST Address		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ERNCST 6. OVIT2at (941) 323-0/33 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

-	gistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:_	VIRIDIAN KEY CORP
2. The principal office address:	VIRIDIAN KEY CORP 7234 DEEGAN ST ENGLEWOOD, FL 34224
	ENG(ENOUT) FL 34224
3. The mailing address (if different	nt):
4. Date of incorporation/qualifica	tion: 02/09/2016 Document number: 12/00000 12019
5. The name and street address of Florida Department of State: (I	the current registered agent and registered office on file with the f resigned, enter resigned)
ERA	IST G. OVITZ
	THE LINCOLN RD WICE, FL 34293 AND RED
VE7	VICE, FL 34293
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
77	NEST 6. OVITZ 34 DEEGAN ST.
12.	P.O. Box NOT acceptable
EN	GEWOOD, FL 34224
	ed office and the street address of the business office of its registered agent,
Such change was authorized by authorized by the board, or the c	resolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
Signature of an officer or direct	ERNEST G. OVITZ, PRESIDENT
I hereby accept the appointment I further agree to comply with th performance of my duties, and I	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete The amfamiliar with and accept the obligation of my position as registered The province in the registered office address, I The province in the registered office address, I The province in the registered office address, I The province is a registered of the registered
Mut of Little	/0/26/20/6 Date
Signature of Registered Ap	gent Date
If signing on behalf of an entity:	
<u> </u>	
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