

P100000 57200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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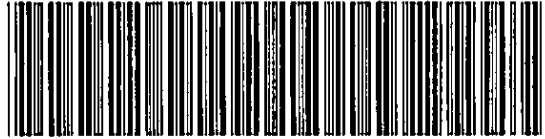
(Business Entity Name)

(Document Number)

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2020 JUN -2 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPLEMENT2FIT CONSULTING PARTNERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000057200

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:

Wilfredo Vazquez

Name of Contact Person

IMPLEMENT2FIT CONSULTING PARTNERS, INC.

Firm/Company

1555 Bonaventure Blvd

Address

Weston FL 33326

City/State and Zip Code

wil@implement2fit.com

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

For further information concerning this matter, please call:

Wilfredo Vazquez

at (954) 609 - 4741

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: IMPLEMENT2FIT CONSULTING PARTNERS, INC.
2. The principal office address: 1555 Bonaventure Blvd, Suite 302, Fort Lauderdale, FL 33326
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/05/2010 Document number: P10000057200
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)

VAZQUEZ, WILFREDO, Jr.

779 VERONA LAKE DR

WESTON, FL 33326

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

WIL VAZQUEZ

1555 Bonaventure Blvd

P.O. Box NOT acceptable

Fort Lauderdale, FL 33326

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

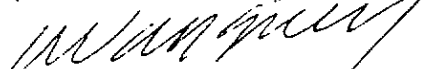
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Wilfredo Vazquez Jr., 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

05/29/2020

Date

If signing on behalf of an entity:

Wil Vazquez

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 (04/13)