## P1100003547

(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only



200275958242

08/12/15--01017--002 \*\*35.00

SECRETARY OF STATE OF STATE OF CORRESPONDENCE OF

RALRO Ch8

AUG 12 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Vecchia 1 Corp.  Name of Corporation		
DOCUMENT NUMBER: P11000035597		
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:		
ISAAC Bennersun Nambol Contact Person		
13 AAC Bennezi I.A. Fire/Company		
1150 Kane Conserve 2nd floor		
Box Harbor 13/a ds f1.33154 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  13A-Bennenu at (305)  Name of Contact Person at (305)  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

## 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 Hokom in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Vecchiall, Grp.
2. The principal office address: 17501 Biscarce Blad Sat 400
Aucutum, 41. 33160
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/11/11 Document number: P11 00003 5547
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)
VACA-FUZMAN, WIJ C.
17501 Bisano Blul #400
Autur, 19. 33/60
MACA-FUZMAN, WIJ C.  17501 Bisque Blul, #400  Autum, H. 33160  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Law offices of 15AAC Benmergin, P.A.
1150 Kane Concourse 21 Hoor
BAy Harbor wars, fl. 33154
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    Vis C. Vaca - 602MAN
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.
8/1/4
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed 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 \* \* \*