P1100005a931

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_ PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500318402055

09/17/18--01040--007 **35.00

TILED STATES THE STATE STATES

\$22.1 ± 1000

0

COVER LETTER

TO: Amendment Section Division of Corporations

Vittax Advisory Corporation Name of Corporation

P11000052931

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:

Richard L Vitraelli, President

Name of Contact Person

Vittax Advisory Corporation
Firm/Company

(New) 1251 S Myrtle Avenue

Clearwater, FL 33756

City/State and Zip Code

richv@vittax.com

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

For further information concerning this matter, please call:

Richard L Vitraelli, Pres

Name of Contact Person

٨:

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 60 statement of change is submitted for a co in order to change its registered	orporation organi	ized under the laws of the	State of Flo	orida	
1. The name of the corporation: Vittax	Advisory Co	orporation			
2. The principal office address: (New) 1251 S My	rtle Avenue, Clea	arwater, F	FL 33756	
3. The mailing address (if different):		····			
4. Date of incorporation/qualification:	P110000	052931			
5. The name and street address of the cur Florida Department of State: (If resign	- ,		on file with	the	
Richard L Vitrae	Ni				
635 Court Street	635 Court Street, Suite 201				
Clearwater, FL 3	Clearwater, FL 33756				
6. The name and street address of the net (if changed):	w registered agen	t (if changed) and /or reg	distered office		
1251 South Myrt			- 333 - 333	Constraint.	
Clearwater, FL 3	P.O. Box NOT a	acceptable	7 H		
The street address of its registered offic as changed will be identical.	e and the street a	ddress of the business o	ffice of its	gistered agent,	
Such change was authorized by resolution authorized by the board, or the corporat	on duly adopted ion has been noti	by its board of directors ified in writing of the ch	or by an off ange.	icer so	
Signature of an officer or director	Pres.	Richard L Vitrael	•	ent	
I hereby accept the appointment as regingly little agree to comply with the proving performance of my duties, and I am famagent. Or, if this document is being file hereby confirm that the corporation has	sions of all statu uiliar with and ac ed merely to refle	tes relative to the proper cept the obligation of m ct a change in the regist	acity. r and comple y position as ered office a	ete registered ddress, l	
Signature of Registered Agent	Pres	September 4, 20			
If signing on behalf of an entity:		17410	•		
Typed or Printed Name					

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