## 011000064123

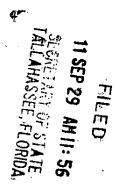
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VIO Q Velde Faims INC.  Name of Corporation  DOCUMENT NUMBER: 11000064123
DOCUMENT NUMBER: 1 / / 000 0 64 / 23
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:
Maria de Pilar Vila Name of Contact Person
Vida Verde farms INC. Firm/Company
20451 5 W 216 61 Address
Min mi f 1 33170 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria del Pila Vila at (305) 216-5150  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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## $\cdot$ 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Vida Velde faims, INC.
2. The principal office address: 10451 514 116 51/11, Miami, FL 33170
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 7/15/2011 Document number: 0110000 641123
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)
6USTAVO GUTIEILEZ
3250 Mary 511111
COCONUT blove Suite 401 MIAMI, FL 33133 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Dissign   Design   Dissign   Dissipn   Di
20451 SW 2165T P.O. Box NOT acceptable
Miam, FL 33170
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.
Masia del Pilas Vila - 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  Oq 26 11. Date
If signing on behalf of an, entity:
Dipsip Vomon
Typed or Printed Name

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