P/d00035081

(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900287517429

07/06/16--01008--020 **35.00



LEBAILIN

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Viosmart, Inc.

Name of Corporation

DOCUMENT NUMBER

12000025081

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:

Duncan McNeill-McCallum

Name of Contact Person

Viosmart, Inc.

Firm/Company

One Biscayne Tower, 2 South Biscayne Blvd.,

Address

Suite 3200, Miami, FL 33131

City/State and Zip Code

hello@viosmart.com

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

For further information concerning this matter, please call:

Duncan McNeill-McCallum

_{at} 305 7

783 7398

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

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

statement of cha	or ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida. he corporation: Viosmart, Inc.
2. The principal Miami, FL	office address: One Biscayne Tower, 2 South Biscayne Blvd, Suite 3200,
	ddress (if different):
4. Date of incorp	poration/qualification: 03/13/2012 Document number: P12000025081
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Resigned:
	Duncan McNeill-McCallum, Viosmart, Inc.,
	1750 SW 1st Avenue, Suite 714, Miami, FL 33129
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Matt Lentz
	1834 Valley Wood Way,
	P.O. Box NOT acceptable Lake Mary, FL 32746
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Sign of the Control o	Duncan McNeill-McCallum, Director Printed or typed name and title
I hereby accept . I further agree to performance of agent. Or, if this hereby confirms	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on bel	
Ту	ped 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 * * *