## P12000033745

(Re	equestor's Name)					
(Ac	ldress)					
. (Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Do	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



700250229907

07/38/13--01031--020 \*\*35.00

FILED

13 JUL 30 AM ID: 07

SECRETARY OF STATE A

C. LEINIS

AUG -2 2013

EXAMINER

## COVER LETTER \*

TO: Amendment Section Division of Corporations
SUBJECT: Vilanco Industries Inc. Name of Corporation
DOCUMENT NUMBER: 712000033765
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:
Vito Laera
Name of Contact Person
Vilano Industries Inc.
Firm/Company
5960 SW 32 Terrace
Address
Fort Inderdale FL 33312 City/State and Zip Code Vito Lacre @ PMe: 1. com
Vidad and Exp code
E-mail address: (to be used for future annual report notification)
udu-0 (ee 00 ubou 10. tutub uzbau 10pe 10 me 110 ubou 10 ubou
For further information concerning this matter, please call:
Name of Contact Person at (954) 647-1950  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street 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

	visions of sections 60							
	is submitted for a co							-
in order to	change its registered	4 1	_	<b>\</b>	n ine siaie	-		
1. The name of the	orporation:	·	onto	77244	(·es	To	· 	
2. The principal off	ce address:	5960	SW ?	32 1.	enso			
		Fert	Laude	<u>rdale</u>	+-	<u>33312</u>	<u> </u>	
3. The mailing addr	ess (if different):	419	York	Hues	Len	Hoad	·	
		Fort	<u>- M://</u>	50	29	415		
4. Date of incorpora	tion/qualification:	24 09	2012 Doc	cument nun	nber: PI	2000	233	76
5. The name and str	eet address of the cu ent of State: (If resign	rrent register	ed agent and i			e with the		
Pionda Departine	in or state. (ii resign	، سر حد سسه	igned)					
		162	greo	<b>}</b>	<del></del>	- TA's	<u>ـــ</u>	
						ECR LLA	<b>ن</b>	
						HAS	<u>ۃ</u> دب	11
						- SEE	0	m
<ol><li>The name and str (if changed):</li></ol>	eet address of the ne	w registered	agent (11 chan	iged) and /o	r registered	d office 当	至	O
(	Vito	La.	وره			TATE	AM 10: 0.7	
	5960	) su	) 32	Ter	هده			
	fort	P.O. Box	NOT acceptable	e F	-L 3	3317	_	
The street address as changed will be	of its registered offi identical.	ce and the st	reet address o	f the busin	ess office (	of its register	red age	nt,
Such change was a authorized by the b	uthorized by resolut	ion duly add	pted by its bo	ard of dire	ctors or by	an officer se	O	
	1			ر آ م		\ -c-1	+	
Signature o	an officer or director		<u> </u>	Printed or	typed name a	Jeez'(6	<b>₩</b>	-
I hereby accept the I further agree to c performance of my agent. Or, if this a hereby confirm tha	c appointment as reg omply with the prov duties, and I am far locument is being fil t the earporation ho	gistered ager visions of all miliar with a led merely to is been notif	nt and agree to statutes relat ind accept the reflect a chai ied in writing	o act in this ive to the p obligation nge in the r of this cha	s capacity, roper and of my posi registered on nge.	complete ition as regis office addres	stered ss, I	
				07/3	012			
Signaft	re of Registered Agent	<del></del>		- 12	Date	<del></del>		_
If signing on behal	f of an entity:							
	n' (3)							
LVner	or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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