## 71200016533

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: SV & ASSOCIATES, INC

Name of Corporation

DOCUMENT NUMBER: P12000086533

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:

**BRIAN VERMILLION** 

Name of Contact Person

SV & ASSOCIATES, INC

Firm/Company

5324 SPRING HILL DR

Address

SPRING HILL, FL 34606

City/State and Zip Code

brian@igscoin.com

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

For further information concerning this matter, please call:

**BRIAN VERMILLION** 

, 352 \ 340-61

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

· · · · · · · · · · · · · · · · · · ·	•	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of FLORIDA		
		or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: SV & ASSO	CIATES, INC		
2. The principal	office address: 5324 SPRIN	IG HILL DR, SPRING HILL, FL 34606		
3. The mailing a	ddress (if different): 5324 SP	PRING HILL DR, SPRING HILL, FL 34	606	
4. Date of incor	poration/qualification: 10/12/2	2012	533	
5. The name and		istered agent and registered office on file with the		
	BRIAN VERMILLION		Fa	<u> </u>
	5324 SPRING HILL DF	₹	を発展する	OCT
	SPRING HILL, FL 3460	06	SET	28
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	OF STATE	PH 12: 08
	BRIAN VERMILLION		****	α,
	5324 SPRING HILL DE			
		Box NOT acceptable		
	SPRING HILL, FL 3460	<u> </u>		
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its registe	red agent	•••
Such change wa authorized by the	s authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer s been notified in writing of the change.	o	
BriBuan	2 Venthin	BRIAN VERMILLION / PRESID	DENT	
,	re of arrofficer or director	Printed or typed name and title		
I further agree performance of	to comply with the provisions of my duties, and I am familiar wi	agent and agree to act in this capacity. I all statutes relative to the proper and complete th and accept the obligation of my position as regi: ty to reflect a change in the registered office addres otified in writing of this change.	stered ss, I	
By Bun	Leuthin	10/25/2015		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
BRIAN VE		_		
,1,	yped 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 \* \* \*