

P12004103552

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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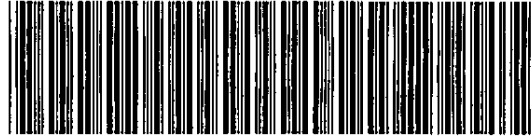
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Virtual Interactive Design Solutions Inc  
Name of Corporation

**DOCUMENT NUMBER:** P12000103552

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:

Emil Clayton Lyons, CPA

Name of Contact Person

Lyons and Lyons, CPA

Firm/Company

106 West Blvd

Address

Maccleddy, Florida 32063

City/State and Zip Code

clay@lyonscpa.net

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

For further information concerning this matter, please call:

Foster B Bennett

Name of Contact Person

at ( 904 ) 703-1335

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**

*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 of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Virtual Interactive Design Solutions, Inc.
2. The principal office address: 6163 Michelle Road  
Macclenny, Florida 32063
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/21/12 Document number: P12000103552

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)

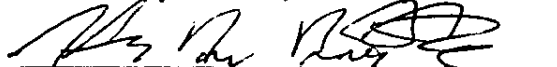
Lawrence G Walters, Esq  
195 W Pine Avenue  
Longwood, Florida 32750-4104

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Emil Clayton Lyons, CPA  
106 West Blvd  
P.O. Box NOT acceptable  
Macclenny, Florida 32063

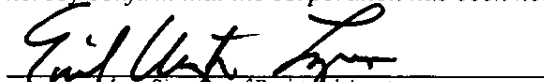
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Foster B Bennett D  
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

March 14, 2018  
Date

If signing on behalf of an entity:

Emil Clayton Lyons, CPA  
Typed or Printed Name

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

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