

P13000000988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

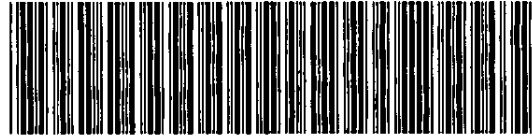
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
16 MAR 28 PM 4:10

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FEB 26 2016  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2016

EDISON SALAS  
VI-SHAPE, CORP  
415 W PARK DR APT 101  
MIAMI, FL 33172

SUBJECT: VI-SHAPE, CORP  
Ref. Number: P13000000988

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We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the new registered agent must be listed in section 6 in order to file statement of change of registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 416A00004050

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vi-Shape Corp

Name of Corporation

**DOCUMENT NUMBER:** P13000000988

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:

Edison Salas

Name of Contact Person

Vi-Shape Corp

Firm/Company

415 W Park Dr Apt 101

Address

Miami, FL 33172

City/State and Zip Code

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

For further information concerning this matter, please call:

Edison Salas

Name of Contact Person

at ( 305 ) 926-4299

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

16 MAR 28 AM 7:46

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

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**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: Vi-Shape Corp  
2. The principal office address: 415 W Park Dr Apt 101  
Miami, FL 33172  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/03/2013 Document number: P13000000988

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)

Edison Salas (Resigned)

415 W Park Dr Apt 101

Miami, FL 33172

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

Lazaro Linares

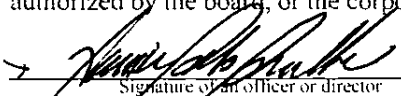
125 SW 58 Ave

P.O. Box NOT acceptable

Miami, FL 33155

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

Edison Salas

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

03/15/2016

Date

If signing on behalf of an entity:

Edison Salas

Typed or Printed Name

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

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

CR2E045 (03/12)

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