

P1300002007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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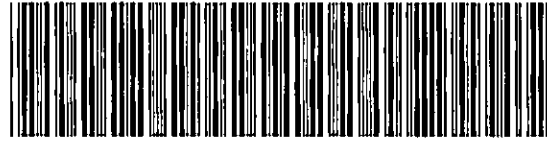
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: VIVA THERAPY SERVICES, CORP.

Name of Corporation

DOCUMENT NUMBER: P13000020007

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:

VIRGINIA PACHECO

Name of Contact Person

VIVA THERAPY SERVICES, CORP

Firm/Company

6001 SW 70TH STREET, APT- 442

Address

SOUTH MIAMI, FL 33143-3428

City/State and Zip Code

VIRGINIA@VIVATHERAPYMIAMI.COM

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

For further information concerning this matter, please call:

VIRGINIA PACHECO

Name of Contact Person

at (305) 890-9691

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: VIVA THERAPY SERVICES, CORP.
2. The principal office address: 6001 SW 70TH STREET, APARTMENT - 442, SOUTH MIAMI, FL 33143-3428
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/2013 Document number: P13000020007

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)

VIRGINIA PACHECO

210 SW 11th Street

MIAMI, FLORIDA 33130

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

6001 SW 70th Street Apt 442

P.O. Box NOT acceptable

South Miami, Florida 33143-3428

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.

Virginia Pacheco

Signature of an officer or director

VIRGINIA PACHECO

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.

Virginia Pacheco

Signature of Registered Agent

07/05/2017

Date

If signing on behalf of an entity:

VIRGINIA PACHECO

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