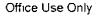
P13000030240

(Requ	estor's Name)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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A. Butler 9/7/21

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: VERMEULEN ASSOCIATES INC.		
Name of Corporation		
DOCUMENT NUMBER: P13000030240		
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Damaso W. Saavedra		
Name of Contact Person		
Saavedra-Goodwin		
Firm/Company		
888 S.E 3rd Avenue		
Address		
Fort Lauderdale, Florida 33316		
City/State and Zip Code		
dpazo@saavlaw.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
deanna Pazo	at (954) 767-6333	
Name of Contact Person	at (954) 767-6333 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

or year of

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
-	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: VERMEULEN ASSOCIATES INC.
	office address: 18848 US Highway 441#221MOUNT DORA, FL 32757
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/03/2013 Document number: P13000030240
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Saavedra, Damaso W. Esq.
	312 S.E. 17TH STREET SECOND FLOOR FORT LAUDERDALE, FL 33316
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of nee Saavedra, Damaso W, Esq.
	888 S.E 3rd Avenue. Suite 500 Fort Lauderdale Florida, 33316
	P.O. Box NOT acceptable 22 26
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change value of authorized by Signate	regan officer or director A printed or typed name and title
I hereby accept I further agree of of my duties, an document is bei corporation hai	the appointment as registered agent and agree to act in this capacity. be comply with the provisions of all statutes relative to the proper and complete performance the am familiar with and accept the obligation of my position as registered agent. Or, if this is filed interest to reflect a change in the registered office address, I hereby confirm that the been had filed in writing of this change.
Sig	Party of Registered Agent Date
If signing on be	half of an entity:
т	yped or Printed Name

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