

P14000029020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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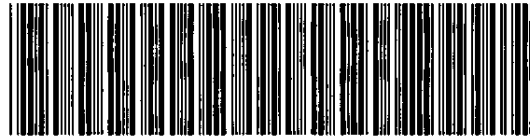
(Business Entity Name)

(Document Number)

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14 JUL 23 PM 4:08

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C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VIVA LA EVITA INC.  
Name of Corporation

DOCUMENT NUMBER: PI4 000029020

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:

EWA RAMPARTE, V.P.  
Name of Contact Person

VIVA LA EVITA INC.  
Firm/Company

P.O. BOX 346  
Address

KILAUEA, HI 96954  
City/State and Zip Code

EVITA@VIVALAEVITA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EWA RAMPARTE at (805) 384-2205  
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

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. JUL 23 PM 4:08

1. The name of the corporation: VIVA LA EVITA INC.
2. The principal office address: 621 NW 53RD. ST. #240  
BOCA RATON, FL 33487
3. The mailing address (if different): P.O. BOX 346  
KILAUEA, HI 96754
4. Date of incorporation/qualification: 03/29/2014 Document number: P14000029020
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)

Ewa Ramparte  
621 NW 53rd Street 240  
Boca Raton FL 33487

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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]  
Signature of an officer or director

EWA RAMPARTE, V.P.  
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]  
Signature of Registered Agent

07 / 13 / 2014  
Date

If signing on behalf of an entity:

Dan Keen-President

Typed or Printed Name

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