## P140000 99506

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** VA CLEAN TAX, INC SUBJECT: Name of Corporation P14000099506 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: VIGAUD ANTOINE Name of Contact Person VA CLEAN TAX, INC Firm/Company 6253 Old Winter Garden Rd Address Orlando, FL 32835 City/State and Zip Code vigtoni@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 321 947-6927
Area Code & Daytime Telephone Number VIGAUD ANTOINE Name of Contact Person

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

statement of chair	nge is submitted fo	ns 607.0502, 617.0502, r a corporation organiz	zed under the la	rws of the State of	FLORIE	DA	_
		stered office or register  VA CLEAN TA	Ü	oth, in the State of i	r Iorida.		
1. The name of the	•	6253 Old Winter Garden Rd					
2. The principal	office address:	Orlando Florida 32835.					
3. The mailing ac	ddress (if different)	):					
4. Date of incorp	poration/qualification	on: 12/15/2014	Document	number: P1400	00099	506	
5. The name and	street address of th	he current registered agresigned, enter resigned	ent and register	red office on file w	ith the		
	ANTO	DINE, VIGAUD					
	5223	Old Winter Gard	den Road				
	Orlan	ido Florida 3283	35			<b>-</b> -	7.0
6. The name and (if changed):	street address of th	he new registered agent	(if changed) a	nd /or registered of	ffice	15 MAR -	ECRETY
	ANTO	INE, VIGAUD			_	2 PH	JASE JASE
	2514	LAKE DEBRA	DRIVE			္ဘ	
		P.O. Box NOT a	-		•	55	PATE
	ORLA	NDO FLORIDA	32835		-		Ä'.'
The street addre	ss of its registered be identical.	office and the street ac	ddress of the b	usiness office of it	ts registe	ered age	ent,
Such change wa authorized by th	s authorized by res e board, or the cor	solution duly adopted b poration has been noti	by its board of fied in writing	directors or by an of the change.	officer s	30	
Maa	cuffer from		1/19AUD	ANTOINE, led or typed name and th	1585	iden	<u>t</u>
performance of tagent. Or, if this	o comply with the p my duties, and I an s document is bein	s registered agent and provisions of all statut n familiar with and acc ig filed merely to reflec on has been notified in	es relative to t cept the obliga ct a change in i	he proper and con tion of my position the registered offic	nplete n as regi ce addre	istered ess, I	
Pfe	ature of Registered Agen	7	02-	24-2015 Date	_		
Sign	ature of Registered Agen	it		Date			_
If signing on bel	nalf of an entity:						
Ту	ped or Printed Name	<del></del>					

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