

P15000 057 798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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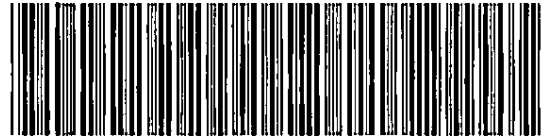
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

SEP 20 2019
Clerk

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MVI VACATION RENTAL INC
Name of Corporation

DOCUMENT NUMBER: P 15 0000 57798

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:

VLADIMIR ILIVSHKIN
Name of Contact Person

MVI VACATION RENTAL INC
Firm/Company

4362 BAYANO ST. ~~NE~~
Address

NORTH PORT, FL, 34287
City/State and Zip Code

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

For further information concerning this matter, please call:

VLADIMIR ILIVSHKIN at (416) 735 77 33
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.

1. The name of the corporation: MVI VACATION RENTAL INC
2. The principal office address: 4362 Bayview St. North Port
FL 34287
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/09/2016 document number: P15000057798

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)

UNITED STATES CORPORATION
AGENTS INC. SUITE 36
ORLANDO FL 32822

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

SVETLANA MATVIENKO
12233 TRIUMFO AVE.
P.O. Box NOT acceptable
NORTH PORT, FL. 34287

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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] VLADIMIR ILIVSHKIN, DIRECTOR
Signature of an officer or director 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] 9/6/19
Signature of Registered Agent Date

If signing on behalf of an entity:

SVETLANA MATVIENKO
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