

P15000070719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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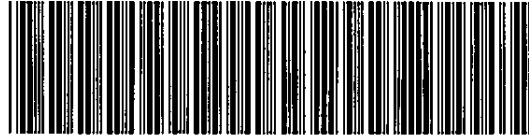
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2016

CARROTHER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VALERIE ROY, PA  
Name of Corporation

DOCUMENT NUMBER: P15000070719

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:

VALERIE ROY  
Name of Contact Person

VALERIE ROY, PA  
Firm/Company

18980 41st Road North  
Address

LOXAHATCHEE, FL 33470  
City/State and Zip Code

VALERIE.ROY@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE ROY at ( 561 ) 351-3392  
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: VALERIE ROY, PA  
2. The principal office address: 18980 41st Road North  
LOXAHATCHEE, FL 33470  
3. The mailing address (if different): (SAME AS ABOVE)  
4. Date of incorporation/qualification: 8/21/2015 Document number: P15000070719

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)

Corporation Service Company (Cindy Leski)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

VALERIE ROY, PA  
18980 41st Road North  
LOXAHATCHEE, FL 33470

P.O. Box NOT acceptable

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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.

Valerie Roy  
Signature of an officer or director

VALERIE ROY / Incorporator  
Printed or typed name and title  
Sole officer

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.

Valerie Roy, PA  
Signature of Registered Agent

1-13-2016  
Date

If signing on behalf of an entity:

VALERIE ROY, PA  
Typed or Printed Name

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