

P15000089405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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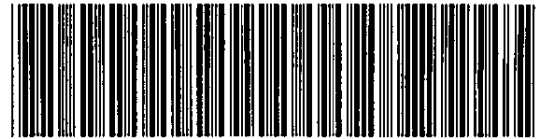
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAVOD, Inc
Name of Corporation

DOCUMENT NUMBER: _____

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:

NICHOLE M. HORSFORD
Name of Contact Person

RAVOD, Inc
Firm/Company

(MAILING) P.O. BOX 181299 ORLANDO, FL 32818
OR Address

(PHYSICAL) 1802 N. ALAFAYA TRAIL STE 114 ORLANDO, FL 32826
City/State and Zip Code

nicholehorsford2010@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLE HORSFORD at (407) 766-2748
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAVOD, Inc
2. The principal office address: 1802 N. ALAFAYA TRAIL STE 114
ORLANDO, FL 32826
3. The mailing address (if different): P.O. Box 781899
ORLANDO, FL 32878
4. Date of incorporation/qualification: 10-28-2015 Document number: P15000089425
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)

CT. WOLTERS KLUWER.
1200 SOUTH PINE ISLAND ROAD, SUITE 250
PLANTATION, FL 33324

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

NICHOLE HORSFORD COWNER
1802 N. ALAFAYA TRAIL SUITE 114
P.O. Box NOT acceptable
ORLANDO, FL 32826

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.

Nichole Horsford
Signature of an officer or director

NICHOLE HORSFORD COWNER
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.

Nichole Horsford
Signature of Registered Agent

10-5-2016
Date

If signing on behalf of an entity:

NICHOLE HORSFORD
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
CR2E045 (03/12)