

P15000098227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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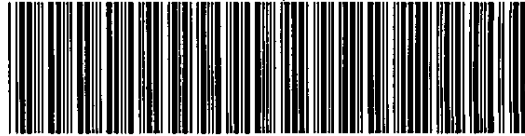
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2016 JUL 27 AM 8:45

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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** V & M GRANITE INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000098227

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:

HECTOR J. VALLE LINARES  
Name of Contact Person

5762 KINGSGATE DR APT D  
Firm/Company  
Address

ORLANDO, FL 32839  
City/State and Zip Code

HVALLE51@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR J VALLE LINARES at 321 420-2186  
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: V & M GRANITE INC  
2. The principal office address: 5762 KINGSGATE DRIVE APT D, ORLANDO, FL 32839

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/07/2015 Document number: P15000098227

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)

HECTOR J VALLE LINARES

5762 KINGSGATE DRIVE APT D

ORLANDO, FL 32839

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

HECTOR J VALLE LINARES

4572 EMERSON PARK DR APT 213

P.O. Box NOT acceptable

ORLANDO, FL 32839

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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.

Hector Valle  
Signature of an officer or director

HECTOR J. VALLE LINARES- MGR

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.*

Hector Valle  
Signature of Registered Agent

07/22/2016

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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