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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, inge is subulitted for a corporation organize to change its registered office or registere | | | |
|--|---|---|--|------|
| 1. The name of | the corporation: VITALE DEVELOPMENT Coffice address: 40 SW 13th Street Suite 804, 1 | ORP. | | |
| 2. The principal | | | | |
| 3. The mailing a | nddress (if different): | | | _ |
| 4. Date of incor | poration/qualification: 2/22/2016 | Document number: P16000016851 | | |
| 5. The name and Florida Depa | d street address of the current registered age tunent of State: (If resigned, enter resigned) | nt and registered office on file with the | | |
| | CORPORATE SOLUTIONS LLC 40 SW 13TH STREET, 804 MIAMI, FL 33130 | • | TALL | 16 S |
| | | | | |
| The name an (if changed): | d street address of the new registered agent | (if changed) and /or registered office | ار میں اور | 6 |
| | Business Filings Incorporated | | | Ç |
| | 1200 South Pine Island Road | | | ت |
| | P.O. Box NOT so | ceptable | • | |
| | Plantation, Florida 33324 | | | |
| The street addr as changed wil | ess of its registered office and the street ad libe identical. | dress of the business office of its registered | l agent. | |
| Such change w authorized by t | as authorized by resolution duly adopted be the board, or the corporation has been notif | y its board of directors or by an officer so led in writing of the change. | | |
| Semat | me or an inference of organism | tathan Berman, President | <u> </u> | |
| I hereby accept I further agree performance of agent. Or, if it litereby confirm | t the appointment as registered agent and a to combly with the provisions of all statute incredities, and I am familiar with and acc its document is being filed merely to reflec that the corporation has been notified in w | ngree to act in this capacity, es relative to the proper and complete ept the obligation of my position as registe t a change in the registered office address, writing of this change. | red I | |
| Mall | | 8th day of September, 2016 | | |
| | manure of Registered Agent | Date | | |
| If signing on b | elialf of an enrity: | • | | |
| Mark Williams, | ···· | | | |
| - | Typed or Printed Name | | | |
| | * * * FILING FEE | | | |
| M | Make checks payable to Flori (ail, to: Division of Corporations, P.O | IDA DEPARTMENT OF STATE . BOX 6327, TALLAHASSEE, FL 32314 | | |

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