

P16 0000 31133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

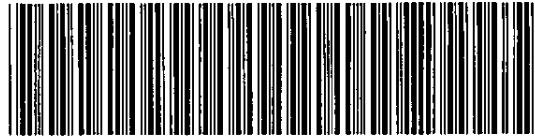
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2/23/17

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VP II, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P16000031133

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 PAGAN  
Name of Contact Person

VP II, INC.  
Firm/Company

320 85TH ST. Apt. 10  
Address

MIAMI BEACH, FL 33141  
City/State and Zip Code

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

For further information concerning this matter, please call:

VALERIE PAGAN at ( 305 ) 497-1057  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2016

VALERIE PAGAN  
320 85TH ST., APT 10  
MIAMI BEACH, FL 33141

SUBJECT: VPIL, INC.  
Ref. Number: P16000031133

We have received your document for VPIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If the Registered Agent/address is changing, please fill out (6) on your form, (5) on your form is for the old information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 216A00016342

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: VPII, INC.  
2. The principal office address: 320 85TH ST., #10 MIAMI BEACH, FL 33141  
3. The mailing address (if different): - SAME -

4. Date of incorporation/qualification: 04-05-16 Document number: PI6000031133

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)

VAIERIE PAGAN

423 NE 23 ST., Apt. 503

MIAMI, FL 33137

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

VAIERIE PAGAN

320 85TH ST., #10

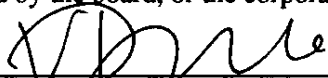
P.O. Box NOT acceptable

MIAMI BEACH, FL 33141

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TALLAHASSEE, FLORIDA

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 of an officer or director

VAIERIE PAGAN  
\_\_\_\_\_  
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 of Registered Agent

AUG. 9, 2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

VAIERIE PAGAN, VPII, INC.  
\_\_\_\_\_  
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