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S TALLENT APR 24 2018



November 20, 2017

BENNO TOSONI 1225 HILLSBORO MILE HILLSBORO BEACH, FL 33062

SUBJECT: VILLA H INC. Ref. Number: P16000087940

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

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 917A00023497

Recypsolis

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: VILLA H INC  Name of Corporation			
DOCUMENT NUMBER: P 16000087940			
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:			
BENNO TOSONI  Name of Contact Person			
Name of Contact Person			
Firm/Company			
1995 HUICBORDHUF			
1225 HILLSBOROHILE Address			
4441 CO 0000 TO TI 3300			
HILLSBOROBEACH FL 3306  City/State and Zip Code  Lutto tosoni a hotmail. com  E-mail address: (to be used for future annual report notification)			
1 1 to 1 to 2			
jutta. Tosoni 'a holmail. Com			
E-man address. (to be used for future aimual report hourseation)			
For further information concerning this matter, please call:			
BRUNO RICHTER at (561) 271 5000  Name of Contact Person Area Code & Daytime Telephone	1		
Name of Contact Person Area Code & Daytime Telephone	Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section  Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circ	cle		
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 the State of Florida.
1. The name of the corporation: VILLA H INC.
2. The principal office address: 1225 HILLSBORD HILE
HILLS BO ROBEACH FL 33062
3. The mailing address (if different): 299 NE WAVECREST WAY
BOCA RATION FL 33432
4. Date of incorporation/qualification: 10/31 2016 Document number: P 160000 87940
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)
POLTT LAWPA
8818 HARDING AVENUE
MIAMI BEACH FL 33154
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
$Q \rightarrow A A A A A A A A A A A A A A A A A A $
299 NE WAVECREST WAY
P.O. Box NOT acceptable  200A PATON FL 38432
WOLL ELLOID
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.
JENUO IUSONII
Signature of an officer or director  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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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