

P160000 88020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

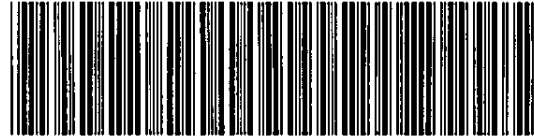
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

BENNO TOSONI
1225 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

SUBJECT: VILLA M INC.
Ref. Number: P16000088020

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: 717A00023495

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLA M INC
Name of Corporation

DOCUMENT NUMBER: P 16000088020

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

Firm/Company

1225 HILLSBORO HILE
Address

HILLSBORO BEACH FLORIDA 33062
City/State and Zip Code

JUTTA.TOSONI@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNO RICHTER at 561 , 271 5000
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: VILLA M INC.
2. The principal office address: 1225 HILLSBORO HILL
HILLSBORO BEACH FLORIDA 33062
3. The mailing address (if different): 299 NE WAVECREST WAY
BOCA RATON FLORIDA 33432
4. Date of incorporation/qualification: 10/31/2016 Document number: P16000088020
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)

ROLFF LAW PA
8818 HARDING AVENUE
MIAMI BEACH FLORIDA 33154

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

BENNO TOSONI
299 NE WAVECREST WAY
P.O. Box NOT acceptable
BOCA RATON FL 33432

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]
Signature of an officer or director

BENNO TOSONI / PRESIDENT
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]
Signature of Registered Agent

11/11/2017
Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name

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