

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500305625785~

11/16/17--01009--023 **35.00

S TALLENT APR 2 4 2018

6/18/cg

AFR 23 PH 12: 1



November 20, 2017

BENNO TOSONI 1225 HILLSBORO MILE HILLSBORO BEACH, FL 33062

SUBJECT: VILLA SS INC. Ref. Number: P16000088030

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: 217A00023499

RECEIVED

18 APR 23 PM 2: 19

SECRETARY OF STATE

TALLAHASSEE, FLORIDS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: VILLA SS Name of Corp	oration	
DOCUMENT NUMBER: P 16000	088030	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
	-	
BENNO TOS	ONI et Person	
Name of Contac	et Person	
Firm/Company		
1225 41182000	MILE	
1225 HILLSBORD	3	
HILLS BOROBEACH City/State and Z	ト Zip Code	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
BRUNO RICHTER Name of Contact Person	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	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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 FCORIPA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: VILLA SS INC:
2. The principal office address: 1225 HILLS BO20MILE
HILLS BORD BEACH FL 33062
3. The mailing address (if different): BROND PICHTER GO 299NE NAVECREST WA
BOCA PATON FL 33432
4. Date of incorporation/qualification: 10/31/2016 Document number: P 160000 88030
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 FL 33154
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BENNO TOSONI
299 NE WAVECLEST 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 of an officer or director BENNO TOSONI PRES. 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 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 (03/12)

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