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(Document Number)						
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COVER LETTER

TO:	Amendment Section					
	Division of Corporations	76				
		Q. In				
SUBJ	ECT: VLD XPRESS INC					
Name	of Corporation	16 P. C. 3				
DOC	UMENT NUMBER: P19000019884					
The e	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.				
Please	e return all correspondence concerning this matter	to the following:				
VLAI	DIMIR IVKO					
Name	of Contact Person	 _				
VLD	XPRESS INC					
Firm/	Company					
8550	Touchton Rd, Apt. 425					
Addr	SSS					
Jacks	onville, FL 32216					
City/:	State and Zip Code					
	vladaivko123@gmail.com					
E-ma	il address: (to be used for future annual repor	t notification)				
For fi	orther information concerning this matter, please of	eall:				
VLA	DIMIR IVKO	at (904) 728-8290 Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclo	ised is a \$35.00 check made payable to the Depart	tment of State.				
	Malling Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of cha	nge is submitted for a c	corporation organiz	, 607.1508, or 617.1508, eed under the laws of the	State of Florida	, this	
in orde	r to change its registere	ed office or register	ed agent, or both, in the	State of Florida.		
1. The name of t	he corporation: VLD X	(PRESS INC				
2. The principal	office address: 1131 Q	UEEN ST N, ST PE	TERSBURG, FL 33713			
3. The mailing a	ddress (if different):	131 QUEEN ST N. S	ST PETERSBURG, FL 33	1713		
4. Date of incorp	P19000019884					
5. The name and		urrent registered ag	ent and registered office			
	VLADIMIR IVKO					
	1131 QUEEN ST N				19 DEC 23 AM 8: 24	
ST PETERSBURG, FL 33713						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	VLADIMIR IVKO				y. 21	
•		P.O. Box	NOT acceptable			
The street addr	ess of its registered of be identical.	fice and the street :	address of the business of	office of its regis	tered agent,	
Such change w authorized by t	as authorized by resol- he board, or the corpo	ution duly adopted ration has been not	by its board of director iffied in writing of the c	s or by an office hange.	r so	
Made	UR MICO		VLADIMIR IVKO, PR			
I hereby accep I further agree of my duties, a	the appointment as re to comply with the pro ad I am familiar with a ing filed merely to ref s been notified in writ	ovisions of all statu and accept the obli lect a change in the	l agree to act in this cap ites relative to the prop- gation of my position as previstered office addre	ed name and title pacity, er and complete s registered agen ess, I hereby con	performance t. Or if this firm that the	
1/10.	live Imas		12/17/2019			
	grainte of Registered Agent		D	Pate		
If signing on b	chalf of an entity:					
	Typed or Printed Name					

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