

P190000 46289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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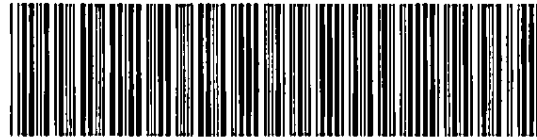
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 14 2019

C. Kins-

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VEGA INSURANCE GROUP CORP
Name of Corporation

DOCUMENT NUMBER: P19000046289

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:

EBER MENDEZ VEGA

Name of Contact Person

VEGA INSURANCE GROUP CORP

Firm/Company

246 NW 42 AVE

Address

MIAMI, FL 33126

City/State and Zip Code

EBERMENDEZ17@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EBER MENDEZ VEGA

Name of Contact Person

at (**786**) **260-2515**

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: VEGA INSURANCE GROUP CORP
2. The principal office address: 246 NW 42 AVE MIAMI FL 33126

3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 29, 2019 Document number: P19000046289

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)

EBER MENDEZ VEGA

3670 SW 21 ST

MIAMI FL 33145

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

LIUBA VEGA

2735 SW 64 AVE


P.O. Box NOT acceptable

MIAMI, FL 33155

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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

EBER MENDEZ VEGA, 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 of Registered Agent

06/06/2019

Date

If signing on behalf of an entity:

LIUBA VEGA

Typed or Printed Name

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