

P1900076677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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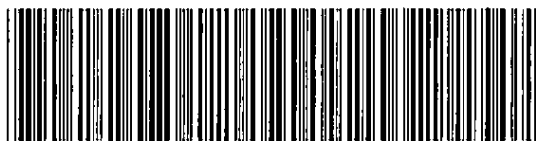
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
SECRETARY OF STATE

08/06/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VENI CREATOR CHRISTIAN UNIVERSITY CORP
Name of Corporation

DOCUMENT NUMBER: P19000076677

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:

MARIA JOSEFA DA SILVA GAUDIO

Name of Contact Person

ONIX INSTITUTE IMPROVEMENT BUSINESS LLC

Firm/Company

14933 DRIFTWATER DR

Address

WINTER GARDEN, FLORIDA ZIP CODE 34787

City/State and Zip Code

JO_CONTAB@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA JOSEFA DA SILVA GAUDIO

Name of Contact Person

at (407) 2884841

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR21E045 (04/13)

Maria Josefa da Silva Gaudio

A. H. H. H.
Tallahassee, FL 32303

**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: VENI CREATOR CHRISTIAN UNIVERSITY CORP
2. The principal office address: 8810 COMMODITY CIRCLE SUITE 5 - ORLANDO, FLORIDA ZIP CODE 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/30/2019 Document number: P19000076677
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)

Cartorio Brasil LLC

7657 Golf Channel Dr Orlando, FL 32819

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

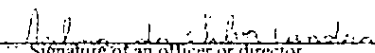
ANNA PAULA ALVES LAZARO

8810 COMMODITY CIRCLE SUITE 5 - ORLANDO, FLORIDA ZIP CODE 32819

P.O. Box NOT acceptable

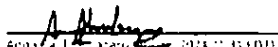
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ACHILINA DA SILVA CANDEIA - 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

07/31/2024

Date

If signing on behalf of an entity:

ANNA PAULA ALVES LAZARO

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)