

Florida Department of State  
Division of Corporations  
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**P2200002825**

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
VIALEX LAW P.A.**

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VIALEX LAW P.A.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/06/2022 Document number: P22000002825
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)

MORENO QUEVEDO, MARIA C

2875 NE 191ST ST SUITE 500

AVENTURA, FL 33180

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

Northwest Registered Agent LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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.

Maria Moreno Quevedo

Signature of an officer or director

Maria Moreno Quevedo, 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.*

Tom Glover

Signature of Registered Agent

7/22/22

Date

If signing on behalf of an entity:

Tom Glover

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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