

P93000033759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DR  
5/4/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VITAUER & ASSOCIATES, INC  
Name of Corporation

P93000033759  
**DOCUMENT NUMBER:** CR2E045 (8/05) Change of Address

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:

PABLO VITAUER

Name of Contact Person

Vitauer & Associates, Inc.

Firm/Company

401 East Las Olas Blvd, Suite 1400

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

PABLO@VITAUER.COM

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

For further information concerning this matter, please call:

PABLO VITAUER

Name of Contact Person

at ( 954 ) 382-0075

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: Vitaver and Associates, Inc.  
2. The principal office address: 401 EAST LAS OLAS BLVD. SUITE 1400  
FORT LAUDERDALE, FL 33301  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 5/7/1993 Document number: P93000033759

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)

Pablo Vitaver  
2385 Executive Ctr. Drive Suite  
BOCA RATON, FL 33431

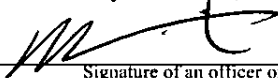
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pablo Vitaver  
401 East Las Olas Blvd. Suite 1400  
Fort Lauderdale, FL 33301

P.O. Box NOT acceptable

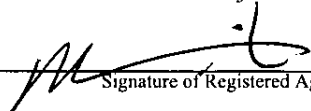
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Pablo Vitaver, CEO  
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

4/27/2012  
Date

If signing on behalf of an entity:

PABLO VITAVER  
Typed or Printed Name

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