P94000090561

(Requestor's Name)	_
(Address)	_
(Address)	—
,	
(Cit. (Ctata Cia/Dhaga th	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
	-
Special Instructions to Filing Officer:	
O OHAC	
Q. SILA S	
►EB 24 2022	

Office Use Only



900381730289

02/17/22--01019--013 **70.00



COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ Name	ECT: Euro Vision Incorporated of Corporation
DOC	UMENT NUMBER: P94000090561
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	e return all correspondence concerning this matter to the following:
Anil I	
	e of Contact Person
	Vison Incorporated
	Company
	SE 27th Street, Apt 2603
Addr	ess
	ni. FL 33137
City/:	State and Zip Code
	anillal10@gmail.com
E-ma	ail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
Jane	Rankin, Esq. at (954) 713-2324 Name of Contact Person at (Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	osed 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fiorial Single is submitted for a corporation organized under the laws of the State of $\frac{1}{2}$ is to change its registered office or registered agent, or both, in the State of F	Florida	mis	
	he corporation: Euro Vision Incorporated office address; 600 NE 27th Street Apt 2603			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/12/1994 Document number: P9400009	00561		
	street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	th the		
	Jane C. Rankin, Esq., Kubicki Draper			
	One E. Broward Blvd., Ste. 1600	· ·	:3	
	Fort Lauderdale, FL 33301	`i	C _D	.
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):			17 PH 24	
	110 East Broward Blvd., Suite 1400	(;;)		
	P.O. Box NOT acceptable Fort Lauderdale, Fl. 33301	-		
The street addre as changed will	ss of its registered office and the street address of the business office of it be identical.	s regist	ered ag	gent,
_/h	as authorized by resolution duly adopted by its board of directors or by an ite board, or the corporation has been notified in writing of the change. Anil Lal, DP	officer	so	
	e of an officer or director Printed or typed name and ti	ile		
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registered by filed merely to reflect a change in the registered office address. I herely been notified in writing of this change.	iplete p d agent by confi	erform . Or ij rm thai	ance f this t the
Sign	hature of Registered Agent 1/31/2 7	Σ		
	half of an entity:			
Jane	C. Ranton, Fox- Kubicki Diaper			

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