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(City/State/Zip/Phone #)

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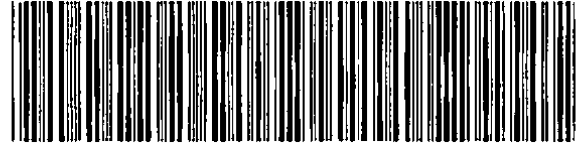
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

RIP-CH

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VALLICK, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P99000022736

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:

Adalberto Parra

\_\_\_\_\_  
Name of Contact Person

Adalberto Parra CPA

\_\_\_\_\_  
Firm/Company

555 NE 15TH STREET, SUITE CU-19

\_\_\_\_\_  
Address

MIAMI, FL 33132

\_\_\_\_\_  
City/State and Zip Code

APARRA@PARRA-CPA.COM

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

For further information concerning this matter, please call:

ADALBERTO PARRA

786

490-2500

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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: Vallicy, Inc.
2. The principal office address: 1342 NW 54th St. Miami, FL, 33142
3. The mailing address (if different): 406 Broadway #154  
SANTA MONICA, CA 90401
4. Date of incorporation/qualification: 03/08/1999 Document number: P99000022736
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)

LEGALINC CORPORATE SERVICES INC

5237 SUMMERLIN COMMONS, SUITE 400

FORT MYERS, FL 33907

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

ADALBERTO PARRA

555 NE 15TH STREET, SUITE CU-19

P.O. Box NOT acceptable

MIAMI, FL 33132

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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]  
Signature of an officer or director

LERITZA BOLIVAR, PRESIDENT, DIRECTOR

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]  
Signature of Registered Agent

06/07/2019  
Date

If signing on behalf of an entity:

Adalberto Parra  
Typed or Printed Name