## **405000 003 008**

(Ře	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

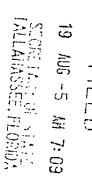




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AUG 10 2019 S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: August 1, 2019

Order#: 832738-003

Re: VISIONSCAPES, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation	817.0502, 607.1508, or 617.1508, Florida : n organized under the laws of the State of _ r registered agent, or both, in the State of I	GEORGIA
1. The name of	the corporation: EVISIONSCAPES	S, INC.	
	office address: DWSHIP ROAD TUCKER, GA 30	084	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 05/19/2005	5 Document number: F050000	003008
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file wiresigned)	ith the
	C T CORPORATION SYSTEM		E 23≤
	1200 SOUTH PINE ISLAND RO	AD	AUG F
	PLANTATION	FL 33324	ASSEE ASSEE
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered off	
	Corporation Service Company		) (3)
	1201 Hays Street		
	P.O. E	30x NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an ceen notified in writing of the change.	officer so
- Xie	8. alni	Jill Cilmi	Vice President
	e of an officer or director	Printed or typed name and title	A
I further agree t performance of l agent. Or, if thi hereby confirm i	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and comp and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.	as registered
By: I)	are Cokubia	07/10/2019	
Sign If signing on bel	alure of Registered Agent	Date	
_	Asst. Vice President		
	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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