## N96000003595

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		-

Office Use Only



800290955468

10/08/16--01021--014 \*\*35.00

JUNEAU OF CORPORAL P.

OCT 12 2016

C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Vision Is Priceless Quay Inc. Name of Corporation			
DOCUMENT NUMBER: N9600003595			
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:			
Jani G. Bueker Name of Contact Person			
Vision Is Priceless Council, Inc.			
3 Shircliff Was, Suite 546			
Jackson 16 F. 32204 City State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jami G. Bueker at 904 333-6825  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  Street Address: Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Vision Is Priceless Council, Inc.
2. The principal office address: 2535 Riverside Avenue
Jacksonville, Fl. 32204
3. The mailing address (if different): 3 Shircliff Way, Suite 546
Jacksonville, F1. 32204
4. Date of incorporation/qualification: 7/31/1996 Document number: N96000003599
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)
Susan F. mattox (RESIGNED)
3 shireliff Way, Suite 546
Jacksonille, G.32204
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jami G. Bueker
3 Shircliff Way, Suite 546 P.O. Box NOT acceptable
Jacksonville Fl. 32204
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.
Jefrey Levenium MO
I horeby 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  10/4/2016
If signing on behalf of an entity:
Vision to Priete Sanci) Inc.  Typed 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 \* \* \*

CR2E045 (03/12)