## 018026

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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ECRETARY OF STATE

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P. A (harge

T BROWN MAY 1 9 2005

## **COVER LETTER**

APR 2 9 2005
BY: MW

TO: Amendment Section Division of Corporations

Vendor # 13409

| SUBJECT: Vision Bank   |  |  |  |  |
|--|--|--|--|--|
| (Name of corporation)  |  |  |  |  |
| DOCUMENT NUMBER: 018026  |  |  |  |  |
| 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:  |  |  |  |  |
|  |  |  |  |  |
| Sharon Stanley   |  |  |  |  |
| (Name of contact person)   |  |  |  |  |
| Vision Bank  |  |  |  |  |
| (Firm/Company)   |  |  |  |  |
|  |  |  |  |  |
| 2200 Stanford Road (Address)   |  |  |  |  |
| (1.66.655)   |  |  |  |  |
| Panama City, Florida 32405   |  |  |  |  |
| (City/state and zip code)  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| Sharon Stanley at (850 ) 636-4965  |  |  |  |  |
| Sharon Stanley at (850) 636-4965 (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  409 E. Gaines Street  Tallahassee, FL 32399 |  |  |  |  |
| DATE RECEIVED: 42105  GENERAL LEDGER  APPROVAL:  |  |  |  |  |

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

| statement of cha                   | nge is submitted for a corporation organi  | 2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Florida   | this                                       |  |
|------------------------------------|--|---|--|--|
|                                    |  | red agent, or both, in the State of Florida.  |  |  |
| 1. The name of t                   | he corporation: Vision Bank  |   |  |  |
| 2. The principal                   | office address: 2200 Stanford Road, Par  | nama City, Florida 32405  |  |  |
|                                    | ddress (if different): P.O. Box 1848<br>City, Florida 32402  |   |  |  |
| 4. Date of incorp                  | oration/qualification; May 27, 1926  | Document number: 018026   |  |  |
|                                    | street address of the current registered ag  | gent and registered office on file with the   |  |  |
|                                    | William C. Sumner  |   |  |  |
|                                    | One Idlewood Drive, Wewahitchka, Florida 32465   |   |  |  |
|                                    |  |   | 2  |  |
| 6. The name and (if changed):      | street address of the new registered agen  | t (if changed) and /or registered office  | OS MAY 10 PM 12: 26                        |  |
|                                    | Matthew Ivers  |   | 2: 2:<br>STAT<br>LOR                       |  |
| 16901 Panama City Beach Parkway    |  |   |  |  |
| (P.O. Box NOT acceptable)          |  |   |  |  |
|                                    | Panama City Beach, Florida 32413   |   |  |  |
| The street address changed will    | ess of its registered office and the street be identical.  | address of the business office of its registe   | ered agent,                                |  |
| Such change wa<br>authorized by th | is authorized by resolution duly adopted<br>the board, or the corporation has been no  | l by its board of directors or by an officer tified in writing of the change.             | so   |  |
| (Signate                           | re of an officer or director)  | Joey W. Ginn, President VISION BANK (Printed or typed name and title)                     |  |  |
| of my duties, and document is bei  | the appointment as registered agent an<br>o comply with the provisions of all state<br>d I am familiar with and accept the obling<br>filed merely to reflect a change in the<br>been notified in writing of this change. | igation of my position as registered agent<br>e registered office address, I hereby confi | erformance<br>. Or, if this<br>rm that the |  |
| m                                  | Her Inea   | APRIL 20, 2005  |  |  |
| (Si                                | gnature of Registered Agent)   | (Date)  | <del></del>                                |  |
| If signing on be                   | half of an entity:   |   |  |  |
|                                    | yped or Printed Name)  |   |  |  |

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