#11000 (OA) 060

(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:					

Office Use Only



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10/17/19--01020--009 **35.00

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SCHROEDER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 15, 2019

Order#: 999725-015

Re: VISIONEERING STUDIOS ARCHITECTURE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

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 char in order	provisions of sections 607.0502, 617 page is submitted for a corporation o r to change its registered office or r	organized under the lav egistered agent, or bot	ws of the State of th, in the State of i	Nevada	
1. The name of t	he corporation: VISIONEERING ST	UDIOS ARCHITECTI	JRE, INC.	<u> </u>	
2. The principal	office address: 106 W. 4th Street,	Suite 600, Santa Ana,	CA 92701		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/10/2011	Document	number: F11000	004069	
	street address of the current registe tment of State: (If resigned, enter re		ed office on file w	vith the	
	C T Corporation System			:	
	1200 South Pine Island Road			FIL 19 007 17 計學的	
	Plantation	FL	33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			52 FIGA	
1201 Hays Street					
	Tallahassee	x NOT acceptable FL	32301	-	
The street address changed will	ess of its registered office and the s be identical.	street address of the bu	isiness office of i	its registered agent.	
Such change wa autho(iz)d by th	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of e en notified in writing	directors or by an of the change.	officer so	
Jill Cilmi, Vice President Printed or typed name and title					
I hereby occept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notion. Service Company)	t statutes retative to the and accept the obliga- o reflect a change in t	ne proper ana con tion of my position he registered offi		
By: Cl	umley	10/15/2019	Date	1879	
	nature of Registered Agent chalf of an entity:				
	, Asst. Vice President				
T	yped 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 * * *