

	(Decurated Name)				
	(Requestor's Name)				
	(Address)				
	(Address)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
	(Oity/State/Zip/Filone #)				
PICK-U	P WAIT	MAIL			
(Business Entity Name)					
	(000, 7)				
(Document Number)					
	,				
Certified Copies Certificates of Status					
,					
	· FT OF]			
Special Instruction	s to Filing Officer;				

Office Use Only



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10/17/19--01020--008 **35.00

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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#: 999725-053

Re: VISIONEERING STUDIOS CONSTRUCTION, 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

			517.0502, 607.1508, or 6 n organized under the la			
			n organizea unaer ine ic r registered agent, or bo			
1. The name of t	he corporation:	VISIONEERING	STUDIOS CONSTRUC	CTION, INC.		
			t, Suite 600, Santa Ana			
3. The mailing a	ddress (if differ	rent):				-
4. Date of incorp	ooration/qualific	cation: 02/08/20	Document	number: F130	00000617	
		of the current regi (If resigned, enter	stered agent and register resigned)	red office on file	with the	
	C T Corporation	on System				
	1200 South Pi	ne Island Road				
	Plantation		FL	33324	19 0 32 22 19 0	
6. The name and (if changed):	l street address	of the new registe	red agent (if changed) ar	nd /or registered		
	Corporation S	ervice Company			- PR	
	1201 Hays Str	eet			: 53	
		P,O.	Box_NOT acceptable		_ >.	
	Tallahassee		FL	32301		
The street addre as changed will	ess of its registe be identical.	ered office and the	e street address of the bi	usiness office of	its registered age	ent,
Such change wa autho(iz)d by th	as authorized by ne board, or the	resolution duly a corporation has b	adopted by its board of seen notified in writing	directors or by a of the change.	in officer so	
Xiel	2. Q)nie	Jill Cilmi, Vice	President		
ignatu	re of an officer or dir	ector	Prin	led or typed name and	title"	_
l further agree t performance of agent. Or, if thi hereby confirm	to comply with my duties, and is document is l	the provisions of I am familiar wit being filed merely ation has been no	gent and agree to act in all statutes relative to to h and accept the obliga to reflect a change in t stifted in writing of this	he proper and co tion of my positi he registered of	ion as registered	
By: C	UMX	ey	10/15/2019			
Sign	nature of Registered	Agent		Date		_
If signing on be	half of an entity	v :				
Ami M. Casper,	Asst. Vice Pre	sident				
17	ped or Printed Name	ę.	-			

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