## L01000000459

(Requestor's Name)
•
(Address)
(Address)
. (1887-15)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
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L. SELLERS

AUG 1 9 2008

**EXAMINER** 

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08/04/08--01011--010 \*\*25.00

SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VISTOD International Resulty, LLO (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tanacio J. Huwley (Name of Person)		
VISTED INTERCEMONCH Predty LIC (Firm/Company)		
2100 Ponce de Leon, Sutte # 1070 (Address)		
Coral Gables, FL 33/34 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Torccio J. Hawley at (70) 26-6942  (Name of Person) (Area Code & Daytime Telephone Number)		
Registration Section Registra Division of Corporations Division Clifton Building P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee ■ \$55 F	iling Fee & Certified Copy	



August 5, 2008

IGNACIO J. HAWLEY 2100 PONCE DE LEON, STE. 1070 CORAL GABLES, FL 33134

SUBJECT: VISTAS INTERNATIONAL REALTY, LLC

Ref. Number: L01000002459

We have received your document for VISTAS INTERNATIONAL REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 408A00044678

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Visi	as International Resulty, LLC	
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	2100 Ponce de Leon Suite # 1070 Croral Gables, 7L 33134	
×02/15/200  3. Date of filing/registration in Florida	L01000002459 4. Document number	
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:	
Registered Agent:	trancis N. Hawley	
Registered Office Address:	2100 fonce de Leon Suite #1070 Corcul Gables, FL 33134	
(b) Enter name of <b>NEW Registered Agent</b> and	or NEW Registered Office address:	
NEW Registered Agent:	IGNACIO J. Hawley	
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRES.	2100 Ponce de Leon Suite #1070 Coral Gabies ,FL 33134	
that after the change or changes are made, the Florid office of the registered agent will be identical. Or, is hereby confirmed that the change(s) was/were authors.	ler the laws of the State of Florida, it is hereby confirmed da street address of the registered office and the business in the case of a Florida limited liability company, it is prized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the	
(Printed or typed name of signee)	SSEC A TO	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to am familiar with and accept the obligations of my p. F.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been to (Signature of Registered Agant)	t and agree to act in this capacity. I further agree to the proper and complete performance of my: duties, and I solve the proper and complete performance of my: duties, and I solve to a change in the registered office address; I hereby notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (05/08)