L030000-33963

(Requestor's Name)					
(Address)					
(Address)					
, (Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2000)					
Certified Copies Certificates of Status					
Special Instructions to Elling Officer					
Special Instructions to Filing Officer:					
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Office Use Only



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SECRE JARY OF STATE
SAILAHASSEE, FLORIDA

COVER LETTER

TO:					
	Division of Corporations				
,					
erine :	JECT: Visio	on Building Systems, LLC			
3U Di	Name of Limited Liability Company				
	Name	T Elimed Elibrity Company			
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.			
Pleas	e return all correspondence concernir	ng this matter to the following:			
	Stephen P. Koertge				
	Name of Person				
	Minima Dullalina Contama I	1.0			
	Vision Building Systems, L Firm/Company	<u>-LC</u>			
	PO Box 560	्रिक्टोड है। है। इस राज्या का का अपने का स्वाप्त का का स्वाप्त का का स्वाप्त का का स्वाप्त का स्वाप्त का स्वाप स्वाप्त का स्वाप्त का			
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	my took if				
	City/State and Zip Code				
	City/state and Zip Code	:			
	spk1152@gmail.com -mail address: (to be used for future annual repo	est motification)			
r	s-mail address: (to be used for future annual repor	rt normeation)			
For fi	urther information concerning this ma	atter, please call:			
	·	, ,			
	Stephen P. Koertge	at (352) 591-5352			
	Name of Person	at (352) 591-5352 Area Code & Daytime Telephone Number			
		, ,			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
	Enclosed is a check for the follow	ving amount:			
	✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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:	Vision Building Systems, LLC			
2. (a) Principal office address of limited liability compa	any: 9925 NW	y: 9925 NW 160th Street		
(Note: MUST BE STREET ADDRESS)	Reddick, FL 32686	10 AUG SECKE! TALLAH		
(b) Mailing address of limited liability company:	PO Box 560	A A		
(Note: MAY BE POST OFFICE BOX)	Fairfield, FL 32634			
9/8/2003 3. Date of filing/registration in Florida	L0300003	3963 PATE		
		D		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Stephen P. Koertge			
Registered Office Address:	4150 Vinkemulder Roa Coconut Creek, FL 33	nd 073		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9925 NW 160th Street			
	Reddick	,FL <u>32686</u>		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized tepresentative of a member				
Stephen P. Koertge Printed or typed name of signee	<u> </u>			
I hereby 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. The first document is being filed to merely reflect a change in the registered office address, I hereby conjumning the limited liability company has been notified in writing of this change. Signature of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00