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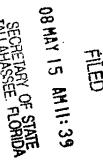
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TO: Registration Section Division of Corporations

SUBJECT: Vision Power, L.L.C.
(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:

John H. McCorvey, Jr., ESq.

McCorvey + Myers

1912 Hamilton Street, Suite 204

JackSonville, FL 32210 (Citý/State and Zip Code)

For further information concerning this matter, please call:

John H. McCorvey, Jr. Eg. 904) 388-4030, ext. 403
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Dividuant to the previous of sections 609.416 or 609.509. Florida Statutan the anadomicinal 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. The name of the limited liability company is: Vision Power, L.L.C.
2. The mailing address of the limited liability company is: 3733 Crown Point Road
Jacksonville, FL 32257.
12/01/2003 L03000048722
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
John H. mcCorvey, Jr., Esq.
John H. McCorvey, Jr., Esq. Name 4595 Lexington Avenue, Suite#100 Address Jacksonville, FL 32210 City, State and Zip 6. The name and address of the new registered agent and/or office: Take H. McCorvey L. To Esq.
Address Jacksonville, FL 32210
Jacksonville, FL 32210 City, State and Zip
6. The name and address of the new registered agent and/or office:
John H.mcCorvey, Jr., Esq. 1912 Hami Hon Avenue, Suite # 204
1912 Hami Hon Avenue, Suite #204
Florida street address (P.O. Box NOT acceptable)
Jacksonville, FL 32210 City, State and Zip
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 representative of a member)
(Printed or typed name of signee)
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 60%, F.S. Or lif this document is being filed to merely reflect a change in the registered office address, I fereby confirm that 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**