1040000 21306

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJ	Change of Registered Ager	nt and Regi	stered Agent Address
3010		ne of Limited	Liability Company
Dear S	Sir or Madam:		
The ea	nclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.
Please	ereturn all correspondence concerning th	is matter to t	he following:
Chris	stopher L. Johnson		
	Name of Person		
Vi-C	on Development Group, LLC		
	Firm/Company		
510	Superior Commerce Point		
	Address		
Ovie	do, FL 32765		
	City/State and Zip Code		
chris	@superiorfenceandrail.com		
	E-mail address: (to be used for future an	nual report n	otification)
For fu	orther information concerning this matter	, please call:	
Chris	stopher L. Johnson	407 at (376-6022
	Name of Person		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 followin	g 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 605.0114 or 605.0116, 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.

i. Na	ame of the limited liability company: Vi-Con Devel	lopment Gro	up, LLC		
2. (a)	1705 Kennedy Pt., Oviedo, FL 32765	(b) 170	(h) 1705 Kennedy Pt., Oviedo, FL 32765		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	March 9, 2004		000021306		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Christopher L. Johnson				
()	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:		
	1705 Kennedy Pt.	· 			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Oviedo , FI	32765			
	,				
(b)	Christopher L. Johnson		. 22		
Ç - 7	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	. 119.		
	510 Superior Commerce Point		2019 (3.1.17)		
	NEW Registered Office Address:				
	regarded office roddess.		<u> </u>		
	Oviedo	L ³²⁷⁶⁵	03		
	, FI	L <u></u>			
the cha agent t was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compar of the limited l e limited liabili	I office and the business office of the registerency, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Sim.	ture of a member or authorized representative of a member	Christor	Printed or typed name of signed		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of myposition as registered agent as providely reflect a change in the registered office address, I din priting of this change.	o nortarmanco	sis capacity. I further agree to comply with the		
Signati	ure of Registered Agent				