## L04000088674

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(City/State/Zip/Phone #)
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C. LEWIS

JUL 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
·	
	Vista Holdings, LLC
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Pon Jofferice	
Ben Jefferies  Name of Person	
Firm/Company	
770 North Drive, Suite A	
Melbourne, FL 32934 City/State and Zip Code	
ben@baysidelakes.com E-mail address: (to be used for future annual report no	Although and the second and the seco
For further information concerning this matte	
Ben Jefferies	at ( 321 ) 952-2414
Name of Person	at ( 321 ) 952-2414  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	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## . COVER LETTER

UBJECT:	Pal	m Vista Holdings, LLC
	Name of	Limited Liability Company
ear Sir or Madar	m:	
he enclosed Reg	istered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all c	orrespondence concernin	g this matter to the following:
	Ben Jefferies	
	Name of Person	
	Firm/Company	
7	70 North Drive, Suite A	
	Address	
	Melbourne, FL 32934 City/State and Zip Code	
	City/State and Zip Code	
b	en@baysidelakes.com	
	nation concerning this ma	
	en Jefferies ne of Person	at ( 321 ) 952-2414  Area Code & Daytime Telephone Number
	COURIER ADDRESS:	MAILING ADDRESS:
Registratio		Registration Section
	Corporations	Division of Corporations
Clifton Bui		P.O. Box 6327
	utive Center Circle c, Florida 32301	Tallahassee, Florida 32314
Enclosed	is a check for the follow	ing amount:
<b> ▼</b> \$25 Fil		\$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.

Name of the limited liability company:	Palm Vista Holdings, LLC	
2. (a) Principal office address of limited liability compa	any:	
-[(Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		_
12/8/2004	L04000088674	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	Roy J. Pence	
Registered Office Address:	300 East New Haven Avenue Melbourne, FL 32901	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:  NEW Registered Office Address:	VEW Registered Office address:  James M. O'Brien  1686 West Hibiscus Blvd.	
(MUST BE FLORIDA STREET ADDRESS)	Melbourne ,FL 32901	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Benjamin E. Jefferies  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 1005, F. Or, if this document is being filed to address. Thereby confirm that the limited liability comp	e Florida street address of the registered office lentical. Or, in the case of a Florida limited	le.

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

INHS18 (05/08)

