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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Visionary Computer Services_
(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 Vichich
(Name of Person)

Visionary Computer Services
(Firm/Company)

3746 Gatewood Dr
(Address)

Port Orange, FL 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

John Vichich at (_386_) _767-9247_
(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 following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

INHS18 (8/05)

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. The name of the limited liability company is: _Visionary Computer Services_.

2. The mailing address of the limited liability company is : _3746 Gatewood Dr_
Port Orange , FL 32129

___4/8/2005___
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:

Biz Filings
Name

8025 Excelsior Drive Suite 200
Address

MADISON WI 53717   _www.bizfilings.com_
City, State and Zip

6. The name and address of the new registered agent and/or office:

John Vichick
Name

3746 Gatewood Dr.
Florida street address (P.O. Box **NOT** acceptable)

Port Orange   FL   _32129_
City, State and Zip

(stamp: 06 NOV -2 PM 12: 02 SECRETARY OF STATE TALLAHASSEE FLORIDA FILED)

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)
(Signature of a member or authorized representative of a member)

John Vichick
(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(signature)
(Signature of Registered Agent)

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

INHS18 (8/05)