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SECRETARY OF STATE
ALL AHASSEE FISHER

D. BRUCE

MAY 22 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: VISIONARY CONSTRUCTION LLC 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:			
Michael E. ORGILC Name of Person			
VISIONARY Construction LLC Firm/Company			
11701 Lake Victoria Grandens, Suite 1107 Ages &			
Parm Beach Grandens, Fr. 33410 City/State and Zip Code Response			
City/State and Zip Code VISIONARY 3703 @ hornach - Com E-mail address: (tobe used for future annual report notification)			
For further information concerning this matter, please call:			
Michael E-ORGILI at (561) 301 (264 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		

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. 1SION ALL 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 0000 634 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 rote of the members of the limited liability company or as otherwise provided in the articles of the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company. or the operating agreement of the limited liability company. ture 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 finder 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 of Registered Agent