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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

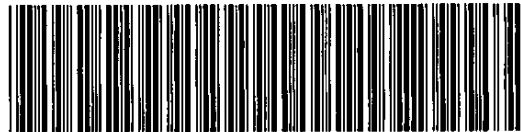
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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISION SALES 2007, 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:

Steven H. Gray  
(Name of Person)

Gray, Ackerman & Haines, P.A.  
(Firm/Company)

125 NE 1st Avenue, Suite 1  
(Address)

Ocala, FL 34470  
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverly Hernandez at ( 352 ) 732-8121  
(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

## GRAY, ACKERMAN & HAINES, P.A.

BRYCE W. ACKERMAN\*  
STEVEN H. GRAY  
TIM HAINES

ATTORNEYS AT LAW  
125 NE FIRST AVENUE, SUITE 1  
OCALA, FLORIDA 34470-6675  
352-732-8121  
FAX 352-368-2183  
e-mail: [SGRAY@GAHLAW.COM](mailto:SGRAY@GAHLAW.COM)

*\* Board Certified in Civil Trial Law &  
Business Litigation*

December 20, 2007

Tammy Hampton  
Division of Corporations

RE: Vision Sales 2007 - Registered Agent - Change

Tammy:

Here is the check for \$110.00 that we spoke about yesterday in our phone conversation.

Please let me know that you have received.

Thank you for all of your help.

Wishing you and yours a very Merry Christmas..

Beverly Hernandez  
Assistant to Steven H. Gray  
352-732-8121  
[bhernandez@gahlaw.com](mailto:bhernandez@gahlaw.com)

SHG:bh  
Enclosure:  
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**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: VISION SALES 2007, LLC

2. The mailing address of the limited liability company is : 6575 Russell Cave Road,

Lexington, KY 40511

6/27/07

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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:

Roger D. Perry

Name

702 S. Edison

Address

Tampa, FL 33606

City, State and Zip

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

John D. Stephens

Name

6658 NW 150th Avenue

Florida street address (P.O. Box NOT acceptable)

Morrison, FL 32668

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.

Brandon Perry

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

Brandon D. Perry

(Printed or typed name of signer)

*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

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