

L07000096366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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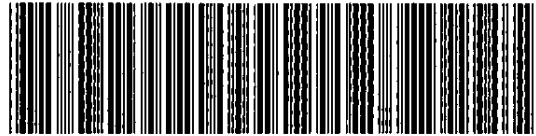
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outagam MAR 13 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIS Lee Vista 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:

Robert Perrotti  
(Name of Person)

VIS Lee Vista LLC  
(Firm/Company)

6317 McCoy Rd. Suite 100  
(Address)

Orlando, FL. 32822  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Perrotti at ( 407 ) 206-3615  
(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.*

1. Name of the limited liability company: VIS Lee Vista LLC
2. (a) Principal office address of limited liability company: 6317 McCoy Rd. Suite 100  
(Note: MUST BE STREET ADDRESS)  
Orlando, FL 32822
- (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: MAY BE POST OFFICE BOX)  
\_\_\_\_\_

- 9/20/07  
3. Date of filing/registration in Florida
- L07000096366  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Miles Fuller  
2400 Lake Orange Dr  
Suite 100  
Orlando, FL 32837

- (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)

Daniel Pollack  
6317 McCoy Rd #100  
Orlando, FL 32822

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)

Miles Fuller  
(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

09 MAR 12 AM 10:29

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA