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SECRETARY OF STATE
TALLAHASSEE FLORING

M. THOMAS

DEC 23 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Vision Inspections LLC (Name of L	imited Liability Company)	-	•
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Lora McCabe			
(Name of Person)			
Always By The Numbers Inc (Firm/Company)			
350 Tangerine Ave., Suite 1			
(Address)		SECRE	08 DEC
Merritt Island, FL 32953 (City/State and Zip Code)		ASSE ASSE	22
For further information concerning this matter,	please call:	Y OF STATE	納助。
Lora McCabe at	\	-	
(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 a	mount:		
✓ \$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: Vision Ins	pections LLC	3
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 1700 E. Central Ave Merritt Island, FL 32952	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	** '''	3 0
10/30/07	L07000109622	
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:	United States Coroporation Agents Inc	
Registered Office Address:	13302 Winding Oaks Blvd	_
	Suite A-100 Tampa, FL 33612-3425	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Always By The Numbers Inc 350 Tangerine Ave., Suite 1 Merritt Island T,FL 32953 co	
If the limited liability company is not organized under the that after the change or changes are made, the Florida str office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office and the business c case of a Florida limited liability company, it is	
(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 part familiar with and accept the obligations of my position. F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified. (Signature of Registered Agent)	— I agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.	

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