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Special Instructions to	Filing Officer:				





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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
Vicinia D	A Desire III O
SUBJECT: Vision Remodeling and	
(Name	e 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 concernin	g this matter to the following:
Lora McCabe	
(Name of Person)	
Always By The Numbers Inc	
(Firm/Company)	
350 Tangerine Ave., Suite 1	
(Address)	
Merritt Island, FL 32953	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
	tion, produce curit
Lora McCabe	at (321) 452-2010
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Conv

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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.	Naı	me of the limited liability company: Vision Remo	odeling and Design LLC	÷
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 1700 E. Central Ave Merritt Island, FL 32952	0
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1700 E Central Ave Merritt Island, FL 32952	0
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08	/20/	08	L08000079666	CONTRACTOR OF THE PARTY OF THE
3.	Dat	e of filing/registration in Florida	4. Document number	J.
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State	Stead.
		Registered Agent:	United States Coroporation Agents Inc	1
		Registered Office Address:	320 S. Flamingo Rd #347 Pembroke Pines, FL 33027	
			remploke Files, FL 33027	#
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> <u>NEW Registered Agent:</u> <u>Always By The Num</u>			W Registered Office address: Always By The Numbers Inc	+
	NEW Registered Office Address: 350 Tangerine Ave., Suite 1 (MUST BE FLORIDA STREET ADDRESS)		350 Tangerine Ave., Suite 1	
		THE SECTION OF THE SE	Merritt Island,FL_32953	
tha off her lia	it af fice reby bilit	imited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the busine	SS
(Sig	gnatu	re of a member or authorized representative of a member)	-	
		or typed name of signee)	_	
I F con F.S con	nere mply fan S. C nf ir y	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a continuation that the limited liability company has been notified with the limited liability company has been notified.	gree to act in this capacity. I further agree to per and complete performance of my duties, as as registered agent as provided for in Chapter hange in the registered office address, I hereby I in Writing of this change.	nd I 608,
(Si	gnatu	ire of Registered Agent)		

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