11/000052101

(Requestor's Name)							
(Requestors Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
_							
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
·	•	·					
(Do	cument Number)						
(
Codified Conice	On +16:+						
Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						

Office Use Only



100289882681

09/07/16--01048--008 **275.00

PRIS CP -7 P 4: 20

S Warren SEP 0 8 2016

COVER LETTER

TO: Registration Section
Division of Corporations

1/7) 81SHNI

ooA gailia 82\$ 🔼

	Enclosed is a check for the following amount:				
		Tallahassec, Florida 32301			
.llahassee, Florida 32314	БŢ	2661 Executive Center Circle			
7. Box 6327		Clifton Building			
vision of Corporations		Division of Corporations			
gistration Section		Registration Section			
MAILING ADDRESS:		STREET/COURIER ADDRESS:			
Area Code & Daytime Telephone Number		Name of Person			
981-6156	079) tε	ABJYT NAGROU			
	olease call:	For further information concerning this matter,			
(noñ sañ	iilon hoqər lai	E-mail address: (to be used for future annu			
		JORDAN@LEGALINC.COM			
<u></u>	City/State and Zip Code				
		CHELENNE' MA 85001			
	Address				
	1623 CENTRAL AVE, SUITE 145				
	ynsqmoN/mri4				
	GALINC CORPORATE SERVICES INC.				
		Name of Person			
		JORDAN TYLER			
:gniwolloĵ	anatter to the	Please return all correspondence concerning			
fee(s) are submitted for filing.	bns ognsd og	offO borotsigoAVnogA borotsigeA bosolono off.			
		Dear Sir or Madam:			
shility Company	id botimid to				
		SUBJECT: Visiato.com LLC			
		Division of Corporations			

🗖 \$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 605.0114 or 605.0116, 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. N	ame of the limited liability company: Visiato.com L	LC					
2. (a)			(b)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	219 Woodshire Ln		2	219 Woo	odshire Ln		
	NAPLES, FL 34105	_	1	NAPLES	S, FL 34105		
	05/03/2011		L.	1100005	52101		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	NRAI SERVICES, INC						
υ. (α,	Registered Agent and Registered Office shown on the records of t	the Flor	ida D	ept. of State	-		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD						
	PLANTATION, FL	3332	24			be or possible in the second of the secon	
(b)	LEGALINC CORPORATE SERVICES INC.				TEP -7 P 4 20 RETARY OF STATE AMASSEE, FLORID	[T]	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					Ö	
	5237 SUMMERLIN COMMONS				4: 20 STATE ORIDA		
	NEW Registered Office Address:				» O		
	SUITE 400				-		
	FORT MYERS , FL	3390)7				
the ch agent was/w	limited hability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the realist the realist the land	he St giste com imite d lial	red office pany, it is ed liability oility com	e and the business office s hereby confirmed that y company or as otherw	of the registered the change(s) ise provided in	
Signa	ature of a member of authorized representative of a member				Printed or typed name of sig	gnee	
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to a perfor d for it tereby	uct in man n Chi conj	this cape ce of my c apter 605 firm that	acity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been	
Signati	are of Registered Agent						
	Division of Corporations• P.O. E FILING FI				see, FL 32314		