## ~L11000102170

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

то:	Registration Section Division of Corporati	ons	
SUBJ	ECT:	Bankvision Cap	ital Management, LLC.
		Name of Limite	d Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Age	ent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all corresponde	nce concerning this m	natter to the following:
	Anass Name of	El Omari Person	
	Bankvision Capital	Management, LLC	
	2244 Green Hedg Addre	es Way - Suite 101	•••
	Wesley Cha City/State an	p <b>el, Fl. 33544</b> d Zip Code	
E-	aelomari@ba mail address: (to be used for fi	ankvision com uture annual report notificati	on)
For fu	rther information conce	erning this matter, ple	ase call:
	Anass El Oma Name of Person	ari at (_	813 ) 373-0335 Area Code & Daytime Telephone Number
	STREET/COURIER A	ADDRESS:	MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporation	S	Division of Corporations
	Clifton Building 2661 Executive Center Tallahassee, Florida 323		P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check f	or the following amo	ount:
	\$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.

Name of the limited liability company:Bank	vision Capital Management, LLC.	
2. (a) Principal office address of limited liability compa	any: <u>2244 Green Hedges Way</u>	
(Note: MUST BE STREET ADDRESS)	Suite 101 Wesley Chapel, FL 33544	
(b) Mailing address of limited liability company:	2244 Green Hedges Way	
(Note: MAY BE POST OFFICE BOX)	Suite 101 Wesley Chapel, FL 33544	
August 29, 2012  3. Date of filing/registration in Florida	L11000102170 4. Document number	
(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of tate:		
Registered Agent:	Anass El Omari	
Registered Office Address:	201 E. Kennedy Blvd.	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	NEW Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2244 Green Hedges Way Suite 101 Wesley Chapel ,FL33544	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization	
Anass EL Omari Printed or typed name of signee		
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I further agree i	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent