L13000162883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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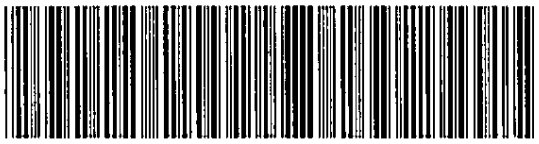

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** VISTA RESOURCES, 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:

Mr. Shyamie Dixit, Esq.
Name of Person

Dixit Law Firm
Firm/Company

3030 N Rocky Pt Dr W #260
Address

Tampa, FL 33607
City/State and Zip Code

sdixit@dixitlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shyamie Dixit at (813) 252-3999
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 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. Name of the limited liability company: VISTA RESOURCES, LLC

2. (a) 5005 SAN MARINO CIRCLE
Principal office address of limited liability company:
*(Note: MUST BE STREET ADDRESS)*
LAKE MARY, FL 32746

(b) 5005 SAN MARINO CIRCLE
Mailing address of limited liability company:
*(Note: MAY BE POST OFFICE BOX)*
LAKE MARY, FL 32746

3. 11/20/2013
Date of filing/registration in Florida

4. L13000162883
Document number

5. (a) WILLIS, DAVID C
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LINCOLN PLAZE 300 SOUTH ORANGE AVENUE
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUITE 1400 PO.BOX 1873
ORLANDO, FL 32801

(b) DIXIT LAW FIRM, PA C/O SHYAMIE DIXIT
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
3030 N ROCKY PT DR W SUITE 260
**NEW** Registered Office Address:
TAMPA, FL 33607

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TALLAHASSEE, FLORIDA

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.

H. Badenhorst
Signature of a member or authorized representative of a member

HELOISE BADENHORST
Printed or typed name of signee

*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 605, 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.*

Shyamie DS Dixit Je
Signature of Registered Agent

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