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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2015

CHRISTOPHER BIRD 2334 FAIRGREN AVE DELTONA, FL 32738

SUBJECT: VIRTUAL SUPPORT AGENTS LLC

Ref. Number: L14000043290

We have received your document for VIRTUAL SUPPORT AGENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mall with: a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A00021429

SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

Division of Corporations
SUBJECT: Virtual Support Agents, LLC Name of Limited Limiting Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Christopher Bird
Virtual Support Agents, UC
2334 Fairgren Ave AK S
Deltona, FL 32738 City/State and Zip Code Classic Code
Flybou 18, 100 ymul. com
For further information concerning this matter, please call:
Christopher Bird at (407) 409-8566 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status C

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Llability Com (A Florida Limite	Agents, LLC, panylas it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000043240</u> .	ny were filed on 03 14 14 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lie	hility company here.
Bird's Eye Photography. The new name must be distinguishable and contain the words Limited Lia	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2334 Fairgren Ave
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2334 Fairgren Ave. 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: Chris	opher Bird
New Registered Office Address: 334	Fairgren Ave JEnter Florida street address
Delto	na, Florida 30738 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager authorized Member		
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Filing Fee: \$25.00