00013085

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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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2024 DEC 20 PII 1: 28

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

____ CERTIFIED COPY _____ PLAIN STAMPED COPY

	ACCOUNT NO.	:	12000000	00195	
	REFERENCE	:	840068	7681421	
	AUTHORIZATION	:		Charles San	
	COST LIMIT	:	\$ 25.00	Un ac	Alatz.
ORDER DATE :	December 16, 202	4			
ORDER TIME :	12:58 PM				
ORDER NO. :	840068-101				
CUSTOMER NO:	7681421				
					
	CHANGE OF A	GEN'	<u>T</u>		
NAME:	VISION TITLE,	LL(C		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FI	LING:	

CONTACT	PERSON:	Shauna Godb	olt	EXT#	
			E	EXAMINER:	

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. 1	Name of the limited liability company: VISION TITL	E, LLC		
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)
	1065 W. Morse Boulevard Suite 110		1065 W. N	Morse Boulevard Suite 110
	WINTER PARK, FL 32789		WINTER	PARK, FL 32789
	01/30/2015		L15000023	3085
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number
5. (a	a)			
٥. (٠	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State	- ::
	ASSURED COMPLIANCE SERVICES, LLC			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2	-1
	1615 WOODWARD ST			2024 SEC
	ORLANDO	.FL_32803		DEC
				20 Sea
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		4	<u>. जि</u>
	Buter name of NEW Registered Agent and/or NEW Registr	erea Office add	u <u>ress</u> :	Pil 1: 2
	Corporation Service Company			28 -
	NEW Registered Office Address:			
	1201 Hays Street			-
	Tallahassee	. FL_32301		_
chan agen was/	Elimited liability company is not organized under the ge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe rticles of organization or the operating agreement of	the registere d liability co ers of the lim	d office and mpany, it is ited liability	d the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s	Philip K. Calandrino	Phili	p K. Caland	drino, Authorized Person
Sig	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	why accept the appointment as registered agent and issions of all statutes relative to the proper and complobligations of my position as registered agent as proverely reflect a change in the registered office address and in writing of this change.	agree to act ete performa ided for in C , I hereby co	in this cape ince of my o hapter 605 infirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signa	ture of Registered Agent	GRACE E.	KIRBY, A	SST. VICE PRESIDENT