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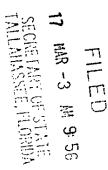
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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03/03/17--01018--011 **25.08



D. SCOTT MAR. 6 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Registered Agent Name Ch	nange				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning th	nis matter to the	following:			
Hector Martinez					
Name of Person					
CHARITABLE VISION, LLC					
Firm/Company		_			
4501 E. Columbus Dr					
Address	, .	- · · · ·			
Tampa, FL 33605	* 1				
City/State and Zip Code					
Hector@tampastressfree.com		•			
E-mail address: (to be used for future and	nual report notif	fication)	至217		
For further information concerning this matter	, please call:		CORE S		
Hector Martinez	813	831-7368	Ser &		
Name of Person	at () Area Code & Daytime Telepho	one Number		
STREET/COURIER ADDRESS:	м	AILING ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Та	llahassee, Florida 32314			
Enclosed is a check for the following	g amount:				
\$25 Filing Fee	\$25 Filing Fee & Certified Copy				
INHS18 (2/14)					

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. Na	ame of the limited liability company: CHARITAI	BLE VISION, L	LC
2. (a)	CHARITABLE VISION, LLC	(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)
	4501 E. Columbus Dr		
	Tampa, FL 33605		
	11/21/2016		15000124786
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	perry, philip I, iv		
	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	4501 E. Columbus Dr		
	Tampa	FL 33605	
	Hector Martinez		
(b)	Enter name of NEW Registered Agent and/or NEW Register	and Office address:	
	Little name of NEW Registered Agent and/or New Registe	erea Office address:	
	4501 E. Columbus Dr		
	NEW Registered Office Address:		
		•	<u> </u>
	Tampa	FL_33605	
the char	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the organization of the operating agreement of the organization or the operating agreement of the organization or the operating agreement of the organization of the operating agreement of the organization of the operating agreement of the organization organization organization organization organization or	of the registered	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signat	ure of a member or authorized representative of a member	1 1111p E.	Printed or typed name of signee
provision he obli o mere notified	y accept the appointment as registered agent and completed agent and completed agent as proving reflect a gent as proving reflect a gifting in the registered agent as proving reflect a gifting in the registered office address, in writing of this change	agree to act in thi. ele performance eled for in Chapté , I hereby confirm	s canacity. I further agree to comply with the

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