

2017-03-29 16:04:26 CST

19542080845 From: Ranae McGraw

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
FILEVISION GROUP HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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MAR 31 2017

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Filevision Group Holdings 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:

Benjamin C. Stidham, Esq.

Name of Person

Norris Legal Atlanta Law Group, LLC

Firm/Company

1180 West Peachtree Street, NW, Suite 2450

Address

Atlanta, Georgia 30309

City/State and Zip Code

ben@norris-legal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin C. Stidham

at (404) 855-3750

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

INHS18 (2/14)

14
CLERK OF STATE
TALLAHASSEE, FLORIDA
17 MAR 31 AM 9:29

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: Filevision Group Holdings LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
900 Circle 75 Parkway, Suite 1730
Atlanta, Georgia 30339

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. Box 723596
Atlanta, Georgia 31139

3. December 22, 2015
Date of filing/registration in Florida

4. L15000211428
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Sarina Rasmussen
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
16224 Nottingham Parkway
Tampa, FL 33647

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

[Signature]
Signature of a member or authorized representative of a member

Benjamin C. Stidham, Attorney-In-Fact
Printed or typed name of signer

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.

By: C T Corporation System
Signature of Registered Agent [Signature]

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

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