

L15000211428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

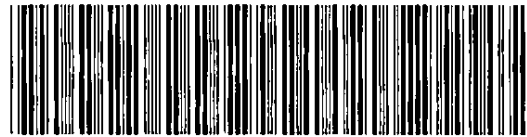
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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June 27, 2017

VIA FIRST CLASS U.S. POST

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Change of Registered Agent

Dear Sir or Madam:

By way of introduction, our Firm represents Filevision Group Holdings, LLC, a Florida limited liability company ("Company"). With respect to the Company, please find enclosed the following:

1. An original executed Change of Registered Agent Form ("Form");
2. A copy of the Form; and
3. Our Firm's check No. 1159 in the amount of Twenty-Five and No/100th U.S. Dollars (\$25.00) for the fee associated with filing the Form.

Upon your receipt, please stamp the copy of the Form as "Received / Filed" and return it to our office using one of the self-addressed, postage-paid return envelopes provided for your convenience.

Then, please file the original Form in the records of the Division of Corporations. Finally, please update the registered agent for the Company on the Department's website. Should you have any questions regarding my request, please do not hesitate to contact me directly.

As always, I thank you for your attention to this matter.

Best regards,

A handwritten signature in black ink, appearing to read 'B. Stidham'.

Benjamin C. Stidham,
Attorney-at-Law

Enclosures

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

**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) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

900 Circle 75 Parkway, Suite 1730

P.O. Box 723596

Atlanta, Georgia 30339

Atlanta, Georgia 31139-0596

December 22, 2015

L15000211428

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Sarina Bhole Rasmussen

NEW Registered Office Address:

5215 West Neptune Way

Tampa, FL 33609

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 of a member or authorized representative of a member

Benjamin C. Stidham, Esq.

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 the change.

Signature of Registered Agent

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

FILING FEE: \$25.00