

L16 0000 625 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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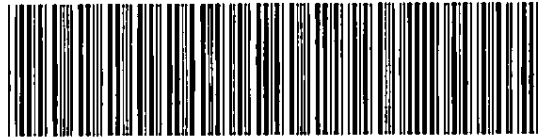
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISIONS THIRTY, 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:

Michael G. Gaich

Name of Person

Firm/Company

3019 Wyndham Way

Address

Melbourne, FL 32940

City/State and Zip Code

mgaich@michaelgaich.com

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

For further information concerning this matter, please call:

Michael G. Gaich

at (321)

794-1300

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: VISIONS THIRTY, LLC, a Florida Limited Liability Company

2. (a) _____ Principal office address of limited liability company (Note: <u>MUST BE STREET ADDRESS</u>) <u>3019 Wyndham Way</u> <u>Melbourne, FL 32940</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>3019 Wyndham Way</u> <u>Melbourne, FL 32940</u>
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3. <u>March 29, 2016</u> Date of filing/registration in Florida	4. <u>L16000062576</u> Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JOHN L. SOILEAU
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address.
VICTOR M. WATSON
NEW Registered Office Address:
3490 NORTH US HIGHWAY 1
COCOA, FL 32926

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.

MICHAEL GAICH

Signature of a member or authorized representative of a member

Michael G. Gaich

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.

Victor M. Watson
Signature of Registered Agent

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