## 116000177622

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PICK-UP	MAIT WAIT	MAIL		
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(Doo	ument Number)			
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Certified Copies	Certificates of Status			
Special Instructions to F	iling Officer			
Opecial instructions to t	illing Officer.			

Office Use Only



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SELARTARY OF STATE

## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	VISION FL LLC		
	Nam	e of Limited	Liability Company
Dear Sir or M	fadam:		
The enclosed	Registered Agent/Registered Offi	ice Change ar	nd fee(s) are submitted for filing.
Please return	all correspondence concerning the	is matter to th	ne following:
CELSO MO	DRAES		
	Name of Person		
ASSELFIS	INTERNATIONAL LLC		
	Firm/Company		
7751 KING	SPOINTE - UNIT 128		
	Address		<del></del>
ORLANDO	/FL - 32819		
	City/State and Zip Code		<del></del>
celsovm@a	asselfis.com.br		
E-mail a	address: (to be used for future ann	ual report not	ification)
For further in	formation concerning this matter,	please call:	
CELSO MO	DRAES	407	765-4480
	Name of Person		Area Code & Daytime Telephone Number
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	F D F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
Encl	osed is a check for the following	amount:	
<b>☑</b> \$2	5 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)			

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## 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: VISION FL	LLC			
2. (a)	7751 KINGSPOINTE - UNIT 128	(b)	7751 KIN	NGSPOINTE - UNIT 128	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	_
	ORLANDO / FL - 32819 - US		ORLAND	00 / FL - 32819 - US	
	09/22/2016		L1600017	7622	_
3.	Date of filing/registration in Florida	4.	]	Document number	
5. (a)	ASSELFIS INTERNATIONAL LLC				
	Registered Agent and Registered Office shown on the records 7751 KINGSPOINTE - UNIT 128	of the Florida	Dept. of State:		TALL.
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	!	节馬	
	ORLANDO,	FL_32819		ప	
(b)	VICTORIA PRIETO MORAES			i T	24 2: 24
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	•	2
	7751 KINGSPOINT - UNIT 128				
	<u>NEW</u> Registered Office Address:				
	ORLANDO	FL_32819			
the cha agent w was/we	imited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the companization of the operating agreement of the companization or the operating agreement of the companization of t	of the regist I liability cours of the limited li	tered office mpany, it is ted liability ability com	and the business office of the register hereby confirmed that the change(s) company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
provision the oblication mere notified	by accept the appointment as registered agent and toons of all statutes relative to the proper and completing igations of my position as registered agent as provided reflect a change in the registered office address, in writing of this change.	agree to act ete performa ided for in C . I hereby co	in this capa ince of my d hapter 605, nfirm that th	city. I further agree to comply with ti uties, and I am familiar with and acc F.S. Or, if this document is being fil he limited liability company has been	ie ipt id
Signatur	re of Registered Agent				