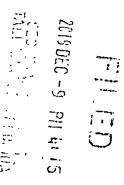
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COVER LETTER

Division of Corporations							
SUBJECT: Open Visio	on One UC						
,	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	g this matter to the following:						
Banjac Hiros Name of Person	ilav.						
Open Vision One Firm/Company	UC						
139 NE 3rd Address	AVENUE						
May Florida, City/State and Zip Cod	<u>33-132</u>						
E-mail address: (to boused for future:	annual report notification)						
For further information concerning this mat	ter, please call:						
Banjac Miroslav Name of Person	at (<u>305)</u> <u>773 - 5071</u> 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						

INH\$18 (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

l. Nar	ne of the limited liability company:	Open Vision	One LLC	dba	RAKIGO	<u>, Gri</u>
2. (a) _		<u>Liani</u> 33-132 (b)	39 UE 310 Mailing ac		hand,	<u>35-73</u> 2 iv:
5. (a)	Date of filing/registration in Flo Banjoc Liroslaw Registered Agent and Registered Office shown on			2 00 2 2, 9 ent number	3	
	139 NE 3rd Ave	IDA STREET ADDRESS)			2019 DEC -	CIP TAILS
(b) _	Danjac Morija 13° Enter name of NEW Registered Agent and/or NE	9 NE 3 ^{Cd} Ave EW Registered Office addre	e Miani	FL, 33	9 - (32 , (
	1	Juani 33				
		FL				
the char agent w was/wei	mited liability company is not organized age or changes are made, the Florida stree ill be identical. Or, in the case of a Florice authorized by an affirmative vote of the of organization or the operating agree	et address of the registe da limited liability com e members of the limite ement of the limited lial	red office and the pany, it is hereby ed liability compo oility company.	e business offic confirmed that my or as otherw	e of the reg the change vise provide	istered (s)
Signati	ire of a member or authorized representative of a r	<u>Ba</u>	njac Will Printed	OSLAU		
I hereb provision the obling to meren notified	y accept the appointment as registered a son of all statutes relative to the proper a gations of my position as registered agenty reflect a change in the registered officinity reflect of this change.	gent and agree to act in nd complete performan	this capacity. 1	further agree to and I am familio	o comply wi ar with and	accept