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To:

Division of Corporations

Fax Number : (850)617.6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Email	Address:						
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## LLC REGISTERED AGENT CHANGE VANGUARD VISION LLC

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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 10/10	V	ANGUARD \	VISION LI	LC			
	ame of the limited liability company:				-		
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDR	y company:	(b)				
	7901 4th St N STE 300	(32.717)	7901 4th St N STE 300				
	St. Petersburg FL 33702		St. Petersburg FL 33702				
	31. Petersburg 1 L 33702		J. Telefsburg			<del></del> -	
	05/23/2017		L170	00113647			
3.	Date of filing/registration in Flo	orida 4.	Docu	ment number	- 3		
5. (a)	COLON-RIVERA, CARLOS			E	2019 MAR 29		
J. (a)	Registered Agent and Registered Office shown or	the records of the Florida	Dept. of State:		£ 5	Ξ.	
	1120 E KENNEDY BLVD				<b>8 2</b>	日本	
	Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS	2	38.		E S	
	#1120			Ţ.º	AN IO: 35	,	
	TAMPA	. FL 33602	2	 			
(b)	Enter name of NEW Registered Agent and/or No. 1901 4th St N		dress:				
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	FL_33702	2				
the changent was/w	limited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Floriere authorized by an affirmative vote of the classification of the operating agree with the companization of the operating agree.	eet address of the regi- ida limited liability co- he members of the lin- sement of the limited	stered office and tompany, it is here nited liability company.  Riley Pa	the business offic by confirmed than apany or as otherw	ee of the re t the chang vise provid	gistered ge(s)	
I here provis the obtomer notifie	thy accept the appointment as registered a cions of all statutes relative to the proper of ligations of my position as registered age rely reflect a change in the registered officed in writing of this change.  Bill Havre une of Registered Agent		t in this capacity. ance of my duties Chapter 605, F.S. onfirm that the lir	I further agree t	a cample i	vith the d accept ny filed been	