## 700011397

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(0	Ocument Number)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	VISION INDUSTRY PARTN	IERS, LLC	
SUBST		ne of Limited Liab	ility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fol	lowing:
JUDE	) STARR		
	Name of Person		
VISIC	ON INDUSTRY PARTNERS		
	Firm/Company	·	
1199	CEDAR FALLS DRIVE		
	Address		
WES	TON, FLORIDA 33327		
-	City/State and Zip Code		
judd@	🕽 visionindustry.us		
Ē	-mail address: (to be used for future ann	nual report notifica	tion)
For fur	ther information concerning this matter.	, please call:	
JUDE	STARR	775	772-5230
	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	Regis Divis P.O. 1	tration Section ion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following	; amount:	
	☑ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida,

I. Na	me of the limited liability company:	VISION INDUSTI	RY PART	NERS, LLC		
2. (a)	JUDD STARR		(b) Sam	ne		
2. ()	Principal office address of limited lic (Note: MUST BE STREET A		\-, <u></u>	Mailing address of (Note: MAY BI	limited liability E POST OFFIC	•
	1199 CEDAR FALLS DRIVE		*			
	WESTON, FL 33327				<del></del>	
	05/23/2017		L1700	00113970		
3.	Date of filing/registration in	Florida 4	•	Document nur	mber	
5. (a)	LEGALCORP SOLUTIONS, I	LLC				
. (-,	Registered Agent and Registered Office show	wn on the records of the Fl	orida Dept. o	f State:		
	LEGALCORP SOLUTIONS,	LLC			2010	
	Registered Office Address (MUST BE F					
	3440 W HOLLYWOOD BLVD. SUITE 415				2010 JUN 29	
	HOLLYWOOD	FL_330	)21		÷	1
(b)	JUDD STARR				AMIL: 19	Ţ
` ,	Enter name of NEW Registered Agent and	or NEW Registered Offic	e address:		5. 0	
	JUDD STARR					
	NEW Registered Office Address:		_			
	1199 CEDAR FALLS DRIVE	<del></del>				
	WESTON	,,, 333				

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 registere 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.

Star JUDD STARR Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

b buf

Signature of Registered Agent