

10/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000358134 3)))



H200003581343ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
VISTA MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

3 page fax

PLEASE HONOR THE
ORIGINAL SUBMISSION
DATE OF 10/14/2020

Electronic Filing Menu

Corporate Filing Menu

Help

Y. SULKEP

OCT 14 2020

850-617-6381

10/15/2020 4:45:17 PM PAGE 1/001 Fax Server



October 15, 2020

FLORIDA DEPARTMENT OF STATE
Division of CorporationsVISTA MANAGER, LLC
2600 DOUGLAS ROAD, PH-1
CORAL GABLES, FL 33134USSUBJECT: VISTA MANAGER, LLC
REF: L17000143443

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist IIIFAX Aud. #: H20000358134
Letter Number: 820A00020420

P.O. BOX 6327 - Tallahassee, Florida 32314

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: VISTA MANAGER, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

2600 DOUGLAS ROAD, PH-1

2600 DOUGLAS ROAD, PH-1

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

07/03/2017

LI7000143443

3. Date of filing/registration in Florida 4. Document number

5. (a) C T Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) MACHADO, JOSE ESQ

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8500 SW 8TH ST., STE. 238

MIAMI, FL 33144

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.

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.

By: _____
Signature of Registered Agent

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

2020 OCT 14 PM 9:45