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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2019

TWO VISUALS LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Amado E. Claro	407	437.79.87
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Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

☒ \$25 Filing Fee

INHS18 (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.

TWO VISUALS LLC

1. Name of the limited liability company: 12812 Salomon Cove Dr Windermere FL 34786 12812 Salomon Cove Dr Windermere FL 34786
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- November 26, 2018 L18000272705
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Amado E. Claro

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12812 Salomon Cove Dr

Windermere 34786
FL

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jose M. Fraino

NEW Registered Office Address:
12812 Salomon Cove Dr

Winderemere 34786
FL

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2018 JUL 19 A 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of Registered Agent

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
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Amado E. Claro

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12812 Salomon Cove Dr

Windermere 34786
, FL

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jose M. Fraino

NEW Registered Office Address:
12812 Salomon Cove Dr

Winderemere 34786
, FL

2019 JUL 19 A 14:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 signer

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.

Signature of Registered Agent