

L21000494168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

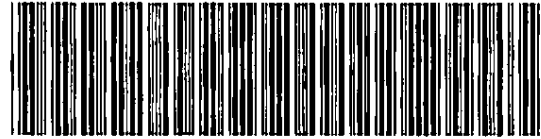
(Business Entity Name)

(Document Number)

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2022 NOV 28 AM 8:31

CLERK OF COURT
JUDICIAL DISTRICT

COVER LETTER*

TO: Registration Section
Division of Corporations

SUBJECT: VIVID VISION IMAGING LLC
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 this matter to the following:

ASHLEY BATSCHE

Name of Person

FLORIDA SMALL BUSINESS CONSULTANTS INC

Firm/Company

30 E SAINT LOUIS AVE

Address

EUSTIS, FL 32726

City/State and Zip Code

LAKECOUNTYTAXPRO@GMAIL.COM

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

For further information concerning this matter, please call:

ASHLEY BATSCHE

Name of Person

352

at ()

771-2750

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2022 NOV 28 AM 8:31
TALLAHASSEE, FL

**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: VIVID VISION IMAGING LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

250 HILLSIDE AVE.

UMATILLA, FL 32784

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

250 HILLSIDE AVE

UMATILLA, FL 32784

11/17/2021

L21000494168

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. SEMORAN BLVD

ORLANDO, FL 32822

(b) FLORIDA SMALL BUSINESS CONSULTANTS INC

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

NEW Registered Office Address:

30 E SAINT LOUIS AVE

EUSTIS, FL 32726

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2022 NOV 28 AM 8:31
TALLAHASSEE, FL

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.

Steve Wittmann

Digitally signed by Steve Wittmann
DN: cn=Steve Wittmann, o=Vivid Vision Imaging, Inc.
Email=steve@vividvisionimaging.com, c=US
Date: 2022.11.15 16:10:13 -0500

STEVEN R WITTMAN

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00