

121 000 516 478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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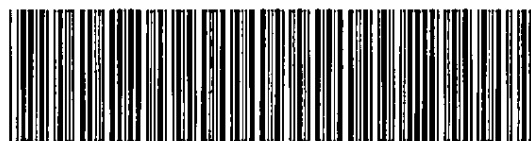
(Business Entity Name)

(Document Number)

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2022 APR 29 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISIONS COMMUNITY ACADEMY OF SARASOTA 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:

ALYSSA BROWN

Name of Person

VISIONS COMMUNITY ACADEMY OF SARASOTA LLC

Firm/Company

1598 29TH STREET

Address

SARASOTA/ FLORIDA 34234

City/State and Zip Code

visionscommunityacademysrq@gmail.com

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

For further information concerning this matter, please call:

ALYSSA BROWN

941 685-4407

Name of Person

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

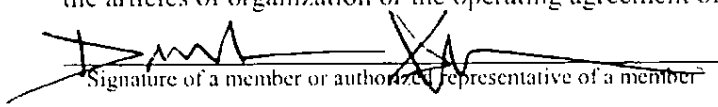
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: VISIONS COMMUNITY ACADEMY OF SARASOTA LLC
2. (a) 1598 29TH ST SARASOTA, FL 34234
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 1598 29TH ST SARASOTA, FL 34234
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 12/06/2021 Date of filing/registration in Florida
4. L21000516478 Document number
5. (a) DUMAKA ATKINS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1598 29TH ST
SARASOTA, FL 34234
- (b) ALYSSA BROWN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Office Address:**
1598 29TH ST
SARASOTA, FL 34234

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2022 APR 29 PM 1:42
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

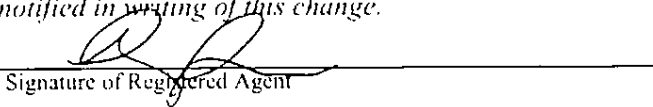
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

DUMAKA ATKINS

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

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

FILING FEE: \$25.00