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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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Email Address:_____

LLC REGISTERED AGENT CHANGE ISLAND VISION LLC

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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.	Na	nne of the limited liability company: ISLAND VISI	ON LL	С		
2.	(a)		(b	ı)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			_			
2		03/29/2023	<u> </u>	L23000		
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	JACQUES, KENSON			.	
		Registered Agent and Registered Office shown on the records of the Florida Dept, of State:				
		1618 HAVANA AVE			_	
	Registered Office Address (MUST BE FLORIDA STREET ADI			<u>(RESS)</u>		
		В			_	
		FORT PIERCE , FL			-	
					52	
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		Enter name of NEW Registered Agent and/or NEW Registered	Office auc	IFESS:	AP SAME AP	
		7901 4th St N			APPRO AN FILI 1923 JUN 30 SECRETAR VALUARIASS	
		NEW Registered Office Address:				
		STE 300				
					· · · · · · · · · · · · · · · · · · ·	
		St. Petersburg , FL	33702) -	- <u> </u>	
the age wa:	cha ent w s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regis bility co f the lim	stered office impany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
<u> </u>	ر <u>ر</u>	ben joney			Robin Jones	
	~	ure of a member or authorized representative of a member			Printed or typed name of signee	
I h pro the to i	пнес	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.		in this cape ance of my o Thapter 605 Onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
علي)uy(c	Courts David Roberts - Assistant Secretary	у			
Sig	natur	re of Registered Agent				