L99000005329

(Red	juestor's Name)	
(Add	lress)	·
(Add	Iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
		<u> </u>
Special Instructions to I	-iling Officer:	\$
{		}
		1
}		{
{		1
		{
		

Office Use Only



200061330842

11/14/05--01050--030 **25.00

SECRETARY OF STATE SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
DE NOV 14 AM 11: 28

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RVPI, LLC (Name of Limited Li	ability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
RICHARD G. MARTIN (Name of Person)	-	
VISTAPAK INDUSTRIES, INC. (Firm/Company)		
1103 THOMAS AVE	·	
LEESBURG, FL 34-74-8 (City/State and Zip Code)		
For further information concerning this matter, please	call:	
RICHARD 6 MARTIN at (33)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
S25 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 608.416 or 608.508, 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. The name of the limited liability company is:	RVPI, LLC
	mpany is: 27426 HIGHLANDER CT.
YALAHA, FL 34797	
8-26-1999	499000005329
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: RICHARD (Name FL 34797 State and Zip
6. The name and address of the new registered ag	
27426 Hi	Sent and/or office: S. MARTIN Vame SHLANDER CT. (P.O. Box NOT acceptable) FL 34797 tate and Zip
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. (Signature of a member or authorized representative of a member.)	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligative Chapter 608, F.S. Or, if this document is being faddress, I hereby/canfirm that the limited liability	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my auties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.

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