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B. KOHR

FEB - 1 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 658447 4813078
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

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ORDER DATE : January 28, 2011
ORDER TIME : 9:58 AM
ORDER NO. : 658447-325
CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: VISTA INSURANCE SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER: _____

**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. Name of the limited liability company: Vista Insurance Services, LLC
2. (a) Principal office address of limited liability company: 1375 Buena Vista Drive
4th Floor North
Lake Buena Vista, FL 32830
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: Same
(Note: MAY BE POST OFFICE BOX)

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- 09/20/1999 L99000005885
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:

Registered Agent: Jeffrey H. Smith

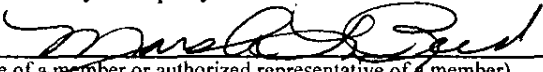
Registered Office Address: 1375 Buena Vista Drive
4th Floor North
Lake Buena Vista, FL 32830

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

NEW Registered Agent: Jeffrey S. Craigmile

NEW Registered Office Address: 1375 Buena Vista Drive
4th Floor North
Lake Buena Vista, FL 32830
(MUST BE FLORIDA STREET ADDRESS)

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)

Marsha L. Reed
(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 608, 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.

By: 
(Signature of Registered Agent) Jeffrey S. Craigmile

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