

L99000005885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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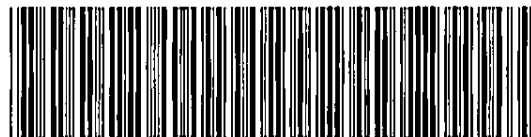
(Business Entity Name)

(Document Number)

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2021 SEP 30 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2021 SEP 30 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 029213 4813078

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : September 23, 2021

ORDER TIME : 11:08 AM

ORDER NO. : 029213-059

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: Eyliena Baker -- EXT#

EXAMINER: _____

**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: VISTA INSURANCE SERVICES, LLC
2. (a) 1375 BUENA VISTA DRIVE (b) 500 SOUTH BUENA VISTA STREET
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830
09/20/1999 L99000005885
3. Date of filing/registration in Florida 4. Document number

5. (a) GIACALONE, MARGARET C
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1375 BUENA VISTA DRIVE 4TH FLOOR NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LAKE BUENA VISTA, FL 32830

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Chakira H Gavazzi

Signature of a member or authorized representative of a member

Chakira H Gavazzi Authorized Person

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.

Alexis Neiland, Alexis Neiland Assistant Vice President
Signature of Registered Agent