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J. BRYAN

MAY -5 2008

EXAMINER

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT: New Vision (Name of I	Sourcing LLC Limited Liability Company)	
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning	g this matter to the following:	
Нош	nard hahn (Name of Person)	——————————————————————————————————————	OISIVIG 01SI VIG
New	Vision Sourcing LL (Firm/Company)	€ PH I	N OF CORPOR
1351	Saugrass Corporate P	Parkway, Suite 102	ATIONS
Sun	rise FL 33323 (City/State and Zip Code)		
For furth	ner information concerning this matt	tter, please call:	
How	(Name of Person)	at (954) 1071-1800 (Area Code & Daytime Telephone Nu	mber)
F [(2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
I	Enclosed is a check for the following	ing amount:	
Ū	\$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 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: New Vision	Sourcing, LLC			
2. The mailing address of the limited liability company is: 1351	Saugrass Corporate			
Parkway, Suite 102, Suprise FL 33:	•			
	Øggggg2657 ment number			
5. The name of the registered agent and the registered office address as Florida Department of State: Howard Rahn Name 7501 W. 18 Lace Address Hiakah FL 33014 City, State and Zip	DIVISION OF THAT -			
6. The name and address of the new registered agent and/or office:				
Howard Baho Name 1351 Saugrass Corporate Por Le Florida street address (P.O. Box NOT acce Sunrise, FL 3332; City, State and Zip	eptable)			
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. Chalcul				
(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.				
(Signature of Registered Agent)				

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