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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE VISION BROKERAGE SERVICES, LLC

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

15129570210

VISION BROKERAGE SERVICES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

□ \$25 Filing Fee

INHS18 (2/14)

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest Pl	kwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
	: 
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
•	Division of Cornorations
Division of Corporations	Division of Corporations
Division of Corporations Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

S55 Filing Fee & Certified Copy

15129570210

## 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.

L. Na	une of the limited liability company: VISION BROKERAGE SERVICES, LLC				
2. (a)	120 LONG RIDGE ROAD3 NORTH	l (b) 12	0 LONG RIDGE R	OAD3 NORTH	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  STAMFORD, CT 06902		Mailing address of limite (Note: MAY BE POST FAMFORD, CT	ST OFFICE BOX	
	5/15/2003	MO	3000001581		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	BLUMBERGEXCELSIOR CORPORATE	SERVICES, IN	IC.		
. (u)	Registered Agent and Registered Office shown on the record 155 OFFICE PLAZA DR 1	·	of State:		
	Registered Office Address (MUST BE FLORIDA STRE	<u>EET ADDRESS)</u>			
	TALLAHASSEE	. <sub>FL</sub> 32301		2022	
(b)	Registered Agent Solutions, Inc	<b>C</b> .		Z JUH I	
(0)	Enter name of NEW Registered Agent and/or NEW Regist				
	155 Office Plaza Dr.				
	NEW Registered Office Address: Suite A	· · · · · · · · · · · · · · · · · · ·		2: 44	
	Tallahassee	, FL 32301			

/s/	HOWARD	ROTHMAN	
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HOWARD ROTHMAN Manager

Signature of a member or authorized representative of a member

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent