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To:

Division of Corporations

15129570210

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.

Fmail	Address:				_

LLC REGISTERED AGENT CHANGE VISION INVESTMENT ADVISORS, LLC

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K. Brumbley

INHS18 (2/14)

	1 14-4
	COVER LETTER
TO: Registration Section Division of Corporations	
VISION INVESTI	MENT ADVISORS, LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Joshua Murphy	888 705-7274
Name of Person	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	g amount:
□ \$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 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	nne of the limited liability company: $\frac{\sqrt{13}}{\sqrt{13}}$	SICIN IIN	/		ADVISORS	,		
. (a)	120 Long Ridge Road,	3 North	(b) 1.	20 Lon	ng Ridge Roa	ad, 3 N	orth	
(u)	Principal office address of limited liability (Note: MUST BE STREET ADDR.)	•	- \ /		ailing address of limi (Note: MAY BE PC	· ·	-	
	STAMFORD, CT 0690	2	S	TAM	FORD, C	T 069	02	
	5/5/2015		М	15000	0003455			····
3.	Date of filing/registration in Flor	rida	4.		Document number	Σ Γ		
5. (a)	BLUMBERGEXCELSIOR CORPO	RATE SER	RVICES, I	INC				
, (u)	Registered Agent and Registered Office shown on 155 OFFICE PLAZA D	RIVE, 1	ST FL					
. (u)	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORI)RIVE, 1 IDA STREET AL	ST FL				20	
	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORE TALLAHASSEE Registered Agent Solution	ORIVE, 1	ST FL				2022 JUN 1	اند
(b)	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORE TALLAHASSEE Registered Agent Solution	PRIVE, 1 IDA STREET AI . FL	ST FL DDRESS) 32301				2022 JUN 1 4	FILE
	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORE) TALLAHASSEE Registered Agent Solution	PRIVE, 1 IDA STREET AI . FL	ST FL DDRESS) 32301					FILED
	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORE TALLAHASSEE Registered Agent Solution Enter name of NEW Registered Agent and/or NI	PRIVE, 1 IDA STREET AI . FL	ST FL DDRESS) 32301				2022 JUN 1 4 PM 3: 4:	FILED
•	155 OFFICE PLAZA D Registered Office Address (MUST BE FLORE TALLAHASSEE Registered Agent Solution Enter name of NEW Registered Agent and/or NI 155 Office Plaza Dr.	PRIVE, 1 IDA STREET AI . FL	ST FL DDRESS) 32301					FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed 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.

HOWARD ROTHMAN

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