## M1500005035

(Re	questor's Name)					
(Address)						
(Add	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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09/19/16--01012--021 \*\*25.00

2016 SEP 19 PM 3: 58

K. SALY SEP 2 / 2016

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Core Vu Name	Sion LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michael Vu	
Name of Person	
Core Vusion LLC Firm/Company	
Firm/Company	
301 Yamato Rd S	TE 1240
Boca Raton, FL City/State and Zip Code	3343/
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
	at (561) 757-8568
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

I. Nam	e of the limited liability company:	Core	Vusion	LLC	
2. (a) _			(b)		
	Principal office address of limited liabil (Note: MUST BE STREET AD)	ity company:	- ( )	Mailing address of limite (Note: MAY BE POS	
_	301 Yamato Rd	STE 124	0	5030 Cham	pion Blad
_	Boca Raton, FL	33431		Boa Roton	33496
	June 26th 20	15		M1500000	5035
3	Date of filing/registration in F		4.	Document number	
5. (a)	Michael Vu				
R	egistered Agent and Registered Office shown	on the records of th	e Florida Dept. of S	State:	ZOIG SEP 19 PM:
_				_	SE T
R	Registered Office Address MUST BE FLO				
-	6121 Town Colony	Dr #:	717	· <del>····</del>	AR IN
	Boon Raton	, FL_	33433	··	F S J
(b)	Michael Vu				800 S
	nter name of NEW Registered Agent and/or	NEW Registered (	Office address:	<del></del>	•
	301 Yamato Rd	STE 1240	, .		
<u>.</u>	VEW Registered Office Address:	310 1070			
	<del></del> ,				
-					
	Boca Ration	, FL	33431		
If the lim		,	,	Florida it is hereby co	onfirmed that after
the chang	ited liability company is not organize ge or changes are made, the Florida st	reet address of t	he registered of	fice and the business o	ffice of the registered
agent will was/were	I be identical. Or, in the case of a Florauthorized by an affirmative vote of	onda limited lia the members of	oility company, the limited liab	it is hereby confirmed ility company or as other	that the change(s) herwise provided in
the article	es of organization or the operating ag	reement of the l	imited liability	company.	1.1
Signatur	e of a member or authorized representative of	a member		Michael Printed or typed name	Vu of signee
v	•		e to act in this i		_
provision the oblig to merely notified i	accept the appointment as registered ns of all statutes relative to the proper ations of my position as registered ag reflect a change in the registered off in writing of this change.	r and complete prent as provided fice address, I h	performance of i for in Chapter ereby confirm th	my duties, and I am far 605, F.S. Or, if this do hat the limited liability	niliar with and accept cument is being filed company has been
	mill the	· · ·	·•.		
Signature	oPRegistered Agent				