

M17000002043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

TRAVIS ROBINSON
1227 S. PATRICK DR STE 102
SATELLITE BEACH, FL 32937

SUBJECT: VISIONARY FINANCIAL, LLC
Ref. Number: M17000002043

We have received your document for VISIONARY FINANCIAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 119A00019796

2019 OCT 15 14:10:25

TO: Registration Section
Division of Corporations

SUBJECT: Visionary Financial, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis Robinson

Name of Person

Visionary Financial, LLC

Firm/Company

1227 S Patrick Dr. Suite 102

Address

Satellite Beach, FL 32937

City/State and Zip Code

travis.robinson@visionaryfi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Robinson

Name of Person

at (321) 339-2779

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 amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Visionary Financial, LLC

Enter new principal office address, if applicable:

1227 S Patrick Dr. Ste 102

(Principal office address

MUST BE A STREET ADDRESS)

Satellite Beach, FL 32937

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:

M17000002043

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

3/9/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Travis Robinson	1227 S. Patrick Dr Ste 102 Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Travis Robinson

Signature of the authorized representative

Travis Robinson

Typed or printed name of signee

Filing Fee: \$25.00