

M20 000000 1402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T 410 244 7400 F 410 244 7742 www.Venable.com

410-244-7890
acohen@venable.com

October 7, 2020

VIA OVERNIGHT MAIL

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Visual Awareness Technologies and Consulting, LLC (M20000001402)

To Whom It May Concern:

Attached please find for filing an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for the above-referenced entity.

Please find our check number 23683 for \$25.00 made payable to **Florida Department of State** for the filing fee. Please send the confirmation of filing as indicated on the attached Application.

Please let me know if there are any issues with this document. You may reach me at 410 244-7890 or acohen@venable.com

Thank you very much for your assistance.

Sincerely yours,

/s/Andrea Barr Cohen

Andrea Barr Cohen
Paralegal

ABC
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Visual Awareness Technologies and Consulting, 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:

Leslie Wilson

Name of Person

Visual Awareness Technologies and Consulting, LLC

Firm/Company

3611 WEST SWANN AVENUE

Address

TAMPA/FL 33609

City/State and Zip Code

lwilson@vatcinc.com

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

For further information concerning this matter, please call:

Leslie Wilson

Name of Person

at (813) 964-3986

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Visual Awareness Technologies and Consulting, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

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: M20000001402

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 04, 2020

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

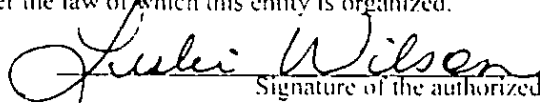
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

SEE FOLLOWING PAGE FOR ADDITIONAL CHANGE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PCEO	Sara E. Moola	301 W. PLATT ST. #421	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
President	Lowell Berry	304 Park Ridge	<input checked="" type="checkbox"/> Add
		Boerne, TX 78006	<input type="checkbox"/> Remove
COO	Timothy Creighton	9638 Gretna Green Dr	<input checked="" type="checkbox"/> Add
		Tampa, FL 33626	<input type="checkbox"/> Remove
FSO	Peter Leet	10440 Nightengale Dr	<input checked="" type="checkbox"/> Add
		Riverview, FL 33569	<input type="checkbox"/> Remove
AFSO	Kristen Spearman	5217 Bon Vivant Drive Apt 220	<input checked="" type="checkbox"/> Add
		Tampa, FL 33603	<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.


Signature of the authorized representative

Leslie Wilson

Typed or printed name of signee

Filing Fee: \$25.00

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	ROBERT M VAUGHN	301 W. PLATT ST. #421	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00