

M200000001402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

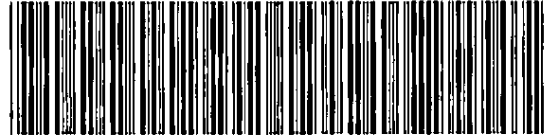
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600441834106

FILED

2025 JAN 13 AM 11:41

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2025 JAN 13 AM 11:21



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 01/13/25  
Order #: 1759289-1  
Re: Visual Awareness Technologies And Consulting, LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over a horizontal line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$55.00 - FL State Account Number: I200000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Visual Awareness Technologies and Consulting, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Regina Thyberg

\_\_\_\_\_  
Name of Person

Visual Awareness Technologies and Consulting, LLC

\_\_\_\_\_  
Firm/Company

8135 Maple Lawn Blvd Suite 450

\_\_\_\_\_  
Address

Fulton, MD 20759

\_\_\_\_\_  
City/State and Zip Code

Regina.Thyberg@athenixsolutions.com

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

For further information concerning this matter, please call:

Regina Thyberg

240

459-1342

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

☒ \$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.

1. Name of the limited liability company: Visual Awareness Technologies and Consulting, LLC

2. (a) 205 S Hoover Street, Suite 300, Tampa, FL 33609 (b) 205 S Hoover Street, Suite 300, Tampa, FL 33609  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3.                      Date of filing/registration in Florida 4.                      Document number

5. (a)                       
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CSC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

205 S. Hoover Blvd., Suite 300

Tampa, FL 33609

(b)                       
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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2025 JAN 13 AM 11:41  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

Regina Thyberg  
Signature of a member or authorized representative of a member

Regina Thyberg

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.

                      
Signature of Registered Agent