

N:22000615139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

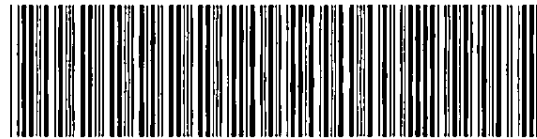
(Document Number)

Additional Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only



900400727969

2023 JAN 30 AM 9:08

RECEIVED

RECEIVED

2023 JAN 30 AM 11:35

A. BUTLER

JAN 31 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 407976 7440135

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 24, 2023

ORDER TIME : 9:09 AM

ORDER NO. : 407976-009

CUSTOMER NO: 7440135

CHANGE OF AGENT

NAME: OPTAVISE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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: OPTAVISE, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
120 18 ST S STE 102
BIRMINGHAM, AL 35233

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
120 18 ST S STE 102
BIRMINGHAM, AL 35233

3. 09/29/2022 Date of filing/registration in Florida

4. M22000015139 Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 S PINE ISLAND RD
PLANTATION, FL 33324

(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

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.

/s/ Michael B Byers

Michael B Byers, 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.

GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent