## N98000003520

| Ment it                      | NAME(S) & DOCUMENT NUMBE               | SECRETARY OF STATE OF |
|------------------------------|--|--|
| 1.                           | oration Name) (Docum                   |  |
| 2(Corn                       | oration Name) (Docum                   | ent #\   |
| 2                            |  | ·  |
|                              | oration Name) (Docum                   | ent #)   |
| 4(Corp                       | oration Name) (Docum                   | ent #)   |
| Walk in                      | Pick up time                           | Certified Copy   |
| ☐ Mail out ☐                 | ■ Will wait □ Photocopy                | Certificate of Status  |
| NEWIFILINGS                  | AMENDMENTS                             | 700002640957—6<br>-09/16/98—01053—007  |
| Profit                       | Amendment                              | -U9/16/9801053007  |
| NonProfit                    | Resignation of R.A., Officer/ Director | 4  |
| Limited Liability            | Change of Registered Agent             | _  |
| Domestication                | Dissolution/Withdrawal                 | <del>_</del>   |
| Other                        | Merger                                 |  |
| OTHER FILINGS  Annual Report | REGISTRATION/- QUALIFICATION           | • •  |
| Fictitious Name              | Foreign                                |  |
| Name Reservation             | Limited Partnership                    | 0 22 90  |
|                              | Reinstatement                          | 9-22-98  |
|                              | Trademark                              |  |
|                              | Other                                  |  |

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of $FLoVI$   |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, in the  |
| State of Florida.  1. The name of the corporation is: 5ACVED VISIONS INC.  |
|  |
| 2. The mailing address of the corporation is: C-5 WINAR Rd.  |
| MENTITI ISLAND FL. 32953 N98980003520  |
| 3. Date of incorporation/qualification: 8/12/98 Document number:   |
| 4. The name and address of the current registered agent and office:  |
| JAME SALTER / SACRED VISIONS INC.  |
| 19 windr dr.   |
| MENTITIES FL 32953 EB #_   |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)   |
| JAMES SALTER   |
| C-5 winds ds   |
| Merritt is FL 32953  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.   |
| × 9-14-98  |
| (Signature of an officer, chairman or vice chairman of the board) (Date)   |
| (Printed or typed name and title)  |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent. |
| Aanos Salter 9-14-98   |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name) (Capacity)   |
|  |

\* \* \* FILING FEE: \$35.00 \* \* \*