

P02000011519

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision of Excellence
Name of Corporation

DOCUMENT NUMBER: P0200001519

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kary Zarem
Name of Contact Person

Vision of Excellence
Firm/Company

12925 River Rd.
Address

Myakka, FL 34251
City/State and Zip Code

Karyzarem@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Rebecca Pendergast at (941) 400-8652
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 13 AM 8:42

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 4, 2014

KARY ZAREM
VISION OF EXCELLENCE
12925 RIVER ROAD
MYAKKA, FL 34251

SUBJECT: VISION OF EXCELLENCE, INC.
Ref. Number: P02000011519

We have received your document for VISION OF EXCELLENCE, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

We received your check and the cover letter but the application was not with it. Please complete the attached and return to my attention.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 214A00025507

**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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vision of Excellence, INC
2. The principal office address: 5219 Box Turtle Circle
Sarasota, FL 34251
3. The mailing address (if different): 12925 River Road
Myakka, FL 34251
4. Date of incorporation/qualification: 1/31/2002 Document number: P02000011519
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

McCoy, Sean
5219 Box Turtle Circle
Sarasota, FL 34232

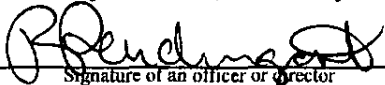
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rebecca Pendergast
12925 River Road
P.O. Box NOT acceptable
Myakka, FL 34251

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office
and
agent
update

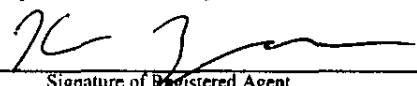
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Rebecca Pendergast Office Manager
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/8/15
Date

If signing on behalf of an entity:

Kary Zarem
Typed or Printed Name

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