

P02000132885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

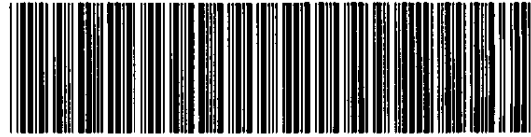
(Business Entity Name)

(Document Number)

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*Registered
Address*

10/06/10--01006--008 **35.00

change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*PJP
10/7/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISTA REALESTATE, INC.
Name of Corporation

DOCUMENT NUMBER: PO 2000132885

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:

MARIA C. PEREZ
Name of Contact Person

VISTA REAL ESTATE, INC.
Firm/Company

16112 GREBE LANE
Address

TAMPA FL 33613
City/State and Zip Code

CPEREZ81@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. CLEMENCIA PEREZ at (813) 727-0503
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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VISTA REAL ESTATE, INC
2. The principal office address: 16112 GREBE LANE
TAMPA FL 33613
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-19-02 Document number: P02000132885

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)

MARIA C. PEREZ
4510 N. ARMENIA AVE Suite B
TAMPA FL 33603

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

MARIA C. PEREZ
16112 GREBE LANE
TAMPA FL 33613

P.O. Box NOT acceptable

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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.

Maria C Perez
Signature of an officer or director

MARIA C. PEREZ
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.

Maria C Perez
Signature of Registered Agent

10-1-2010
Date

If signing on behalf of an entity:

MARIA C. PEREZ
Typed or Printed Name

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