# P03000154232

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| (Re                     | equestor's Name)  |             |
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| · (Ad                   | ldress)           |             |
|                         |                   |             |
| (Ad                     | ldress)           |             |
|                         |                   |             |
| (Cit                    | ty/State/Zip/Phon | ne #)       |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Na  | me)         |
|                         |                   | •           |
| (Do                     | cument Number     | )           |
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| Special Instructions to | Filing Officer:   |             |
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### **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                    |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| SUBJECT: Vision Home Builders, Inc.                                                               |  |  |  |  |  |  |
| (Name of Corporation)                                                                             |  |  |  |  |  |  |
| DOCUMENT NUMBER: P03000154232                                                                     |  |  |  |  |  |  |
| 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:                         |  |  |  |  |  |  |
| Thouse retain an envespondence concerning and matter to the renowing.                             |  |  |  |  |  |  |
| Steven Saunders                                                                                   |  |  |  |  |  |  |
| (Name of Contact Person)                                                                          |  |  |  |  |  |  |
|                                                                                                   |  |  |  |  |  |  |
| Vision Home Builders, Inc.                                                                        |  |  |  |  |  |  |
| (Firm/Company)                                                                                    |  |  |  |  |  |  |
|                                                                                                   |  |  |  |  |  |  |
| P. O. Box 94                                                                                      |  |  |  |  |  |  |
| (Address)                                                                                         |  |  |  |  |  |  |
|                                                                                                   |  |  |  |  |  |  |
| Tifton, Ga. 31793                                                                                 |  |  |  |  |  |  |
| (City/State and Zip Code)                                                                         |  |  |  |  |  |  |
| For further information concerning this matter, please call:                                      |  |  |  |  |  |  |
| Steven Saunders at ( 229 ) 382.6373                                                               |  |  |  |  |  |  |
| Steven Saunders at (229) 382.6373 (Name of Contact Person) (Area Code & Daytime Telephone Number) |  |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                              |  |  |  |  |  |  |
| Mailing Address: Street Address:                                                                  |  |  |  |  |  |  |
| Amendment Section Amendment Section                                                               |  |  |  |  |  |  |
| Division of Corporations  Division of Corporations  Oliver Publications                           |  |  |  |  |  |  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle                 |  |  |  |  |  |  |
| Tallahassee, FL 32314 Zoot Executive Center Circle Tallahassee, FL 32301                          |  |  |  |  |  |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2007

Steven Saunders Vision Home Builders, Inc. P.O. Box 94 Tifton, GA 31793

SUBJECT: VISION HOME BUILDERS, INC.

Ref. Number: P03000154232

We have received your document for VISION HOME BUILDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent will need to put her name and address in the space provided in paragraph 6. The registered agent must be a Florida resident. Please have the new registered agent sign by the "x" at the bottom of the page.

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) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 707A00048894

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2007

Steven Saunders Vision Home Builders, Inc. P.O. Box 94 Tifton, GA 31793

SUBJECT: VISION HOME BUILDERS, INC.

Ref. Number: P03000154232

We have received your document for VISION HOME BUILDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 407A00046672

07 AUG -6 AH 8: 0

Division of Corporations - P.O. ROY 6327 Tallahassaa, Florida 32314

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

| statement of chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | orisions of sections 607.65<br>ge is submitted for a corpor<br>to change its registered offi                                                                  | ation organiza                                                          | et under the l                         | ws of the State of                                                                     | ····                                      | <del></del>                |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|---|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | corporation: VISION HO                                                                                                                                        |                                                                         |                                        |                                                                                        |                                           |                            | - |
| 2. The principal of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ttice ad tress: 4012 LONE                                                                                                                                     | OON LANE,                                                               | TIFTON, GA                             | 1. 3 <u>1794</u>                                                                       |                                           | <del></del>                | _ |
| 3. The mailing add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dress (it different): P O Si                                                                                                                                  | DX 94, TIFT                                                             | ON, GA. 3                              | 1793                                                                                   |                                           |                            | _ |
| 4. Date of incorpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ration/qualification: 12/23                                                                                                                                   | 2/03                                                                    | Document                               | number: <u>F03000</u> 1                                                                | 154232                                    |                            |   |
| 5. The name and s<br>Florida Departs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | arrest address of the current ment of State.                                                                                                                  | registered age                                                          | m aad regisier                         | ল সিম চা প্রতিস্থা                                                                     | Or.                                       |                            |   |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STEVEN SAUNDER                                                                                                                                                | रड                                                                      |                                        |                                                                                        |                                           |                            |   |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23 MILL HOLLOW                                                                                                                                                | DRIVE                                                                   |                                        |                                                                                        |                                           |                            |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CRAWFORDVILLE                                                                                                                                                 | , FL 3232                                                               | 7                                      |                                                                                        | SEC                                       | 2007                       |   |
| 6. The name and s (if changed):  X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Anoglique 4433 (P.O. Box,                                                                                                                                     | gistered agent (                                                        | (f changed) as<br>llend<br>dylle<br>FL | ed for registered office<br>High Way<br>33337                                          | RETARY OF STATE AHASSEE.FLORIDA           | 007 OCT   1 PM 4: 40       |   |
| The street address as changed will b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s of its registered office and identical.                                                                                                                     | d the street ac                                                         | idress of the i                        | ousiness office of its                                                                 | registered a                              | agent,                     |   |
| Such change was authorized by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | authorized by resolution (<br>board, or the corporation                                                                                                       | luly adopted l<br>has been noti                                         | oy its board of<br>fied in writing     | f directors or by an a of the change.                                                  | officer so                                |                            |   |
| chor St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of an Officer or director)                                                                                                                                    | 2                                                                       | (P                                     | VEN SAUNDER                                                                            | ie)                                       |                            |   |
| I hereby accept the I further agree to of my duties, and document is being for poration has to be the signing on both the signing of the signing on both the signing of the | he appointment as register comply with the provision I am familiar with and ac g filed merely to reflect a green notified in writing of the continued agents. | ed agent and as of all statut cept the oblig change in the this change. | agree to act i                         | n this capacity, the proper and compstition as registered ice address, I hereby coate, | plete perform<br>agent. Or,<br>confirm th | mance<br>if this<br>at the |   |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)