

PD4000137109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

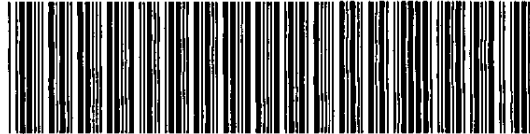
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400274069544

06/29/15--01027--001 \*\*35.00

FILED  
SECTION OF  
DIVISION OF  
2015 JUL 20 AM 8:08

Rolch8

JUL 20 2015  
ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COSTA VISION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04000137109

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:

JUAN M. MEJIA  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

P.O. BOX 960351  
Address

MIAMI, FL 33296  
City/State and Zip Code

JUANCHYMEJIA@MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN Mejia at ( 305 ) 778 7852  
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

July 9, 2015

JUAN M. MEJIA  
P.O. BOX 960351  
MIAMI, FL 33296

SUBJECT: COSTA VISION, INC.  
Ref. Number: P04000137109

We have received your document for COSTA VISION, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You can list only 1(one) registered agent and the agent designated must be the one to sign the document accepting designation.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 515A00014321

RECEIVED  
15 JUL 20 PM 2:08  
REGISTRY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: COSTA VISION INC

2. The principal office address: 7262 SW 163RD CT  
MIAMI, FL 33193

3. The mailing address (if different): P.O. BOX 960351  
MIAMI, FL 33926

4. Date of incorporation/qualification: 10/4/2004 Document number: PD 4000137109

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)

Juan Mejia  
17063 SW 91ST  
MIAMI FL 33196

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

Juan Mejia  
7262 SW 163RD CT  
P.O. Box NOT acceptable  
MIAMI, FL 33193

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]  
Signature of an officer or director

Juan Mejia, President  
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]  
Signature of Registered Agent

7/16/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2015 JUL 20 AM 10:23  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA