## 705000164390

(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:	7			





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08/22/06--01012--013 \*\*35.00



7/A Chg. Mm 8/25

## **COVER LETTER**

TO: Amenda Division	ment Section n of Corporations	•
SUBJECT: VI	SION 2 FRUITION, INC.	
	(Name of Corp	ooration)
DOCUMENT I	NUMBER: P05000164390	
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	MICHAEL L. CEASER (Name of Conta	ot Powon)
•	(Name of Conta	ct reison)
	FRESH START FINANCIAL SER	eVICES, INC.
	(TimeCom	sally)
	9951 ATLANTIC BLVD., SUITE #3	
	(Addres	s)
	JACKSONVILLE, FL 32225	
	(City/State and Z	Zip Code)
For further infor	rmation concerning this matter, please call	:
MICHAEL L. C	EASER (Name of Contact Person)	at ( 904 ) 723-3555 (Area Code & Daytime Telephone Number)
(	(Name of Contact Ferson)	(Area Code & Daytime Telephone Number)
Enclosed is a \$3	55.00 check made payable to the Departme	ent 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
	Tallaliassee, 1 L 32317	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\underline{F}$ er to change its registered office or registered agent, or both, in the State of Fla	LORIDA		_
1. The name of	the corporation: VISION 2 FRUITION, INC.			
	office address: 4833 BRIERWOOD ROAD, JACKSONVILLE, FL 32257			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 12/20/2005 Document number: P0500016	34390		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	JOSEPH J. MORAVIA	₽°	0	
	4833 BRIERWOOD ROAD	ECRE	06 AUG	-77
	JACKSONVILLE, FL 32257	NSSE NASSE	322	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	OF STAT	AMIO: 2	O
	MICHAEL L. CEASER	ΑŒ	ວກ	
	9951 ATLANTIC BLVD., SUITE# 313			
	(P.O. Box NOT acceptable)			
	JACKSONVILLE, FL 32225			
The street addr	ess of its registered office and the street address of the business office of its lbe identical.	registere	d age	nt,
Such change wauthor zed by t	as authorized by resolution duly adopted by its board of directors or by an observation has been notified in writing of the change.	officer so	•	
(Signal	JOSEPH J. MORAVIA  The off air officer or director)  Ure of air officer or director)  (Printed or typed name and tit	ile)		_
¶ jurther agree of my duties, ar documen⊾is be	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply of a light and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	plete perj agent. ( confirm	forma Or, if i that i	nce his the
(3)	gnature of Registered Agent) (Date)	····		_
If signing on be	chalf of an entity:			
MICHAEL L.	CEASER			

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

(Typed or Printed Name)