P07000129875

(Re	questor's Name)	
(Adı	dress)	
(id.	uicoo)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700131277287

06/20/08--01004--020 **35.00

why

OB JUN 19 AM IT 13

T. Reberts JUN 23 2008

COVER LETTER

Division of Corporations			
SUBJECT: NEW VISTA HOLDINGS, INC. (Name of Corporation)			
DOCUMENT NUMBER: \$07000 129875			
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:			
SUSANNE BRYAN (Name of Contact Person)			
(Firm/Company) 12023 Still Meadow Drive (Address)			
(Address)			
Clermont, FL 34711 (City/State and Zip Code)			
For further information concerning this matter, please call:			
SUSANNE BRYAN at (407) 233-5130 (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 SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: New Vista Holdings, INC.
2. The principal office address: 12023 Still Meadow Drive
Clermont, FL 34711
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/6/2007 Document number: 107000129875
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BRYAN, SUSANNE
20801 BISCAYNE BLVD, SUITE 403
AVENTURA, FL 34711
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SUSANNE BRYAN
12023 Still Meadow Drive (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable) Clermont, FL 34711
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.
Susanne Bryan Susanne BRYAN DIRECTOR (Signature of an officer or director) (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.
Susanne Bryon 6/15/08 (Signature of Registere Agent) (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