

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
U-VISION INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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Fm:(813) 464-8080 To:Jeanette L.(13025751642)

14:38 10/18/11GMT-05 Pg 02-02

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**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: U-VISION INC.
2. The principal office address: 8875 HIDDEN RIVER PKWY # 300
TAMPA, FL 33637
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/21/2007 Document number: P07000134867
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)

TU, ZHONGLI20322 CHESTNUT GROVE DR.TAMPA, FL 33647

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

AGENTS AND CORPORATIONS, INC.300 FIFTH AVENUE SOUTH, SUITE 101-330P.O. Box NOT acceptableNAPLES, FL 34102

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 officer or director

EYAL MENIN, 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

10/18/11
Date

If signing on behalf of an entity:

JOHN L. WILLIAMS, V.P. of Agents and Corporations, Inc.
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

CR21E045 (8/05)

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