P08000041226

| (Requestor's Name) | |
|------------------------------------|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | <u>.</u> |
| (Document Number) | ···· |
| rea Copies Certificates of S | Status |
| al Instructions to Filing Officer. | |
| | |
| | |
| | |

Office Use Only



600405303416

2023 MAR 24 PM 3: 4!



A. SUILER MAR 27 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 608251 8406511

AUTHORIZATION

COST LIMIT : (/\$, 35.00

ORDER DATE: March 23, 2023

ORDER TIME : 10:14 AM

ORDER NO. : 608251-001

CUSTOMER NO: 8406511

CHANGE OF AGENT

NAME: VISION MANAGEMENT GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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

| statement of cha | mge is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o registered agent, or both, in the State o | <u>f_FL</u> |
|--|--|--|-------------------------|
| | the corporation: VISION MANAGEM | | |
| | • | RD. STE. C SARASOTA, FL 34233 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 04/23/2008 | Document number: P0800 | 00041226 |
| | d street address of the current registe rtment of State: (If resigned, enter re | rred agent and registered office on file signed) | with the |
| | WOLFINGER, ENOLA H | | |
| | 4509 BEE RIDGE RD C | | _ |
| | SARASOTA, FL 34233 | | |
| 6. The name and (if changed): | d street address of the new registered | d agent (if changed) and /or registered (|)23 HAR |
| | 1201 Hays Street | | |
| | | | - PH - |
| | Tallahassee | FL 32301 | _ : |
| The street address changed will | ess of its registered office and the st be identical. | treet address of the business office of | its registered agent. |
| Such change was authorized by the | es authorized by resolution duly add ne board, or the corporation has bee | opted by its board of directors or by a en notified in writing of the change. | in officer so |
| - | # | Tony Fiorillo | President |
| _ | re of an officer or director | Printed or typed name and | title |
| I further agree to of my duties, an document is bei corporation has | d Lam familiar with and accept the | nt and agree to act in this capacity. I statutes relative to the proper and ca To obligation of my position as register in the registered office address. I her mge. | red agent "Or if this — |
| By: I Inc | | 03/23/2023 | |
| | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Grace E. Kirby, | Asst. Vice President | | |
| | sped or Printed Name | | |

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

Make checks bayable to Floring Debartment of Strate.