## P09000049783

N <sub>1</sub>						
(Requestor's Name)						
(Address)						
(Addiess)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Sociality National)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





000187485410

11/12/10--01018--008 \*\*35.00





## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations		
SUBJECT:	VISION REALTY REFE Name of Corpo	RRAL, INC.	
DOCUMENT N	UMBER: P09000	049783	
The enclosed Stat	tement of Change of Registered Office/Ag	ent and fee are subm	itted for filing.
Please return all c	correspondence concerning this matter to the	ne following:	
	BENJAMIN A. F		<del></del>
	Name of Contact	Person	
	VISION REALTY REF		
	Firm/Compa	ny	
	2872 JOHN ANDE	RSON DR	
	Address		
	ORMOND BEACH, FL City/State and Zi	_ 32176-2327	
	City/State and Zi	p Code · · ·	
	benjaminritger@ya E-mail address: (to be used for future	hoo.com annual report not	ification)
		•	
For further inform	nation concerning this matter, please call:		
	AMIN ANDREW RITGER at	(386)	405-2613
Na	ame of Contact Person	Area Code & Dayt	time 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 S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	section orporations ing ve Center Circle

TO:

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

statement of cha	nge is submitted for a co	orporation organized	607.1508, or 617.1508, Floi I under the laws of the State I agent, or both, in the State	e of FLORIDA	
			EFERRAL, INC.		
	office address: 2872 J BEACH, FL 32176	2227	ON DR		
3. The mailing a	ddress (if different):				
4. Date of incor	. Date of incorporation/qualification: 06/05/2009 Document number: P0			P0900004	9783
	d street address of the cu tment of State: (If resign		t and registered office on fi	le with the	
	RESIGNED			<del></del>	
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registere	d office	15 8 T
	BENJAMIN ANDR	REW RITGER			124 - C
•	2872 JOHN ANDE	P.O. Box NOT acc	entable		
	ORMOND BEACH				Part of
The street address changed will	ess of its registered offices be identical.	ce and the street add	dress of the business office	of its registere	d agent,
			y its board of directors or led in writing of the change		
Signatu	ne of an officer or director	· • · · · · · · · · · · · · ·	BENJAMIN AND		₹
I harahy accent	the application of real	gistered agent and a visions of all statute, ad accept the obliga ct a change in the ro ag of this change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	17	ormance Or if this that the
Sig	mardie of Registered Agent		10/01/2	010	
If signing on be	half of an entity:				
Benjan	nn A. Ritger yped or Printed Name				

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