# P0900050371

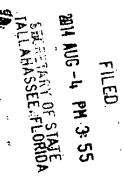
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#### **COVER LETTER**

TO: Amend

Amendment Section Division of Corporations

SUBJECT: Triple Vision, Inc.

Name of Corporation

DOCUMENT NUMBER

P09000050371

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:

#### Alison Casas

Name of Contact Person

#### Law Office of Richard Stanton

Firm/Company

1450 Madruga Avenue, Suite 306B

Address

Coral Gables, FL 33146

City/State and Zip Code

### AlisonCasasPLG@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alison Casas** 

,,305 \,373-61

Name of Contact Person

Area Code & Daytime 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 Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo er to change its registered office or regi	anized under the laws of the State of	Florida
	the corporation: Triple Vision, In	3	
2. The principal	office address: 3875 Shipping	Avenue, Miami, FL 3314	6
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: June 9, 20	09 Document number: P090	00050371
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resigned)	l agent and registered office on file w	rith the
	Stanton, Richard K		<b></b>
	3875 Shipping Avenue		
	Miami, FL 33146		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.  Stanton, Richard K		
	1450 Madruga Avenue, S	Suite 306B	· Xxx * 四
P.O. Box NOT acceptable			FSI
	Coral Gables, FL 33146		AIE SS
The street addreas changed will	ess of its registered office and the stree be identical.	et address of the business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an notified in writing of the change.	officer so
	re of an officer or director	Richard K Stanton, Pr	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sto my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in this capacity. Atutes relative to the proper and con accept the obligation of my position Affect a change in the registered offic	nplete n as registered
/	1	August 1, 2014	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)