## P10000035540

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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R.A. Charge C.COULLIETTE

MAR 2.5 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment S Division of Co	ection orporations		
SUBJECT:	FUTURE VISION O		<del></del>
	Name of (	Corporation	
DOCUMENT NUME	BER: P10	0000035540	
The enclosed Statemer	t of Change of Registered Offic	ce/Agent and fee are submi	tted for filing.
Please return all corres	pondence concerning this matter	er to the following:	
	Seth L. Le	aVey, Esq.	
	Name of Co	ontact i cison	
		e of Seth LaVey	
	Firm/C	ompany	
_		bor Drive, No. 3A	
	Add	iress	
_	Bay Harbor Isl City/State a	ands, FL 33154 and Zip Code	<del></del>
	laveys@be	llsouth.net	
E-1	mail address: (to be used for	future annual report notif	fication)
For further information	n concerning this matter, please	call:	
	L. LAVEY, ESQ.	at (305)	794-3900
Name	of Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 cl	neck made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin	ection orporations
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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.
I. The name of the corporation: FUTURE VISION OF AMERICA INC
2. The principal office address: 1883 NW 7 ST, SUITE 1, MIAMI FL 33125
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 04/21/2010 Document number: P10000035540
<ol><li>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)</li></ol>
LG ACCOUNTING SOLUTIONS INC
3939 NW 7 ST, SUITE 207
MIAMI FL 33125 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OLITIL, LAVET, LOQ.
9341 E. BAY HARBOR DRIVE, NO. 3A
P.O. Box NOT acceptable  BAY HARBOR ISLANDS, FL 33154 US
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 of an office or director
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 of Registered Agent  11 17 102 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
CR2E045 (8/05)