

P130000713303

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
LIGHT VISUALLY TRANSCIVING SYSTEM CORPORATION

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

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2020 NOV -3 AM 10:40
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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Corporate Filing Menu

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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: Light Visually Transceiving System Corporation
2. The principal office address: Mail Code: LVX, Kennedy Space Center, Florida 32899
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/17/2007 Document number: P13000073303
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)

Peter E. Reinert, Esq.

215 N. Eola Drive

Orlando, Florida 32801

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

Kirsten Bartholomew, Esq.


215 N. Eola Drive

P.O. Box NOT acceptable

Orlando, Florida 32601

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 officer or director

COREY D. LINN C.E.O.
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.

/s/ Kirsten Bartholomew, Esq.

Signature of Registered Agent

11/3/2020

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
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