

P16000006690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

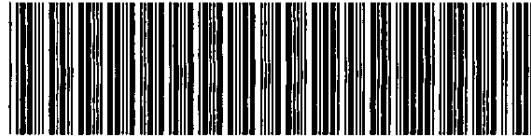
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JUN 26 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 31 AM 10:44

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

RUFUS BOCLAIR III
NEW VIISION INC
15800 PINES BLVD STE 3111
PEMBROKE PINES, FL 33027

SUBJECT: NEW VIISION INC
Ref. Number: P16000066901

We have received your document for NEW VIISION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00011382

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17 MAY 31 AM 10:44
DEPT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 JUN 23 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Viision Inc

Name of Corporation

DOCUMENT NUMBER: P1600066901

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:

Rufus BoClair III

Name of Contact Person

New Viision Inc

Firm/Company

15800 Pines Blvd Suite 3111

Address

Pembroke Pines FL 33027

City/State and Zip Code

newviisioninc@gmail.com

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

For further information concerning this matter, please call:

Rufus BoClair III

Name of Contact Person

at (954) 822-7558

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**

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: New Viision Inc
2. The principal office address: 15800 Pines Blvd Pembroke Pines Fl 33027

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 08/17/2016 Document number: P1600066901

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)

16460 SW 30 St

Miramar Fl 33027

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

15800 Pines Blvd Suite 3111

Pembroke Pines Fl 33027

P.O. Box NOT acceptable

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

Rufus BoClair III, President

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.


Signature of Registered Agent

May 24, 2017

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 (03/12)

FILED
17 MAY 31 AM 10:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE