

P180000 78309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

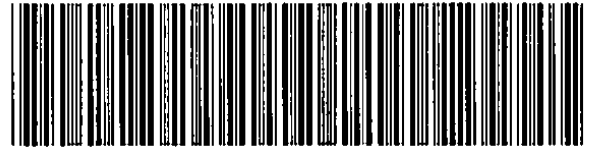
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Campbell Visions, Inc
Name of Corporation

P18000078309
DOCUMENT NUMBER:

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:

Tenesia Campbell
Name of Contact Person
Campbell Visions, Inc
Firm/Company
359 Villa Sorrento Circle
Address
Haines City, FL 33844
City/State and Zip Code
tenesialc@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tenesia Campbell 407 541 - 0048
Name of Contact Person at () 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: Campbell Visions, Inc.

2. The principal office address: 359 Villa Sorrento Circle, Haines City, FL 33844

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 09/17/2018 Document number: P18000078309

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)

Tenesia Campbell

150 Captain Hook Way

Davenport, FL 33837

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

Tenesia Campbell

359 Villa Sorrento Circle

P.O. Box NOT acceptable

Haines City, FL 33844

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.

James Campbell
Signature of an officer or director

Tenesia Campbell, 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.

James Campbell
Signature of Registered Agent

6/4/2019
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
CR20045 (03-12)