

P1900073740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VISTA PUBLISHING SOLUTIONS CORP

Signature _____

Requested by: Seth

11/06/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

172 Ponders Printing - Thomsville, GA 8/00

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISTA PUBLISHING SOLUTIONS CORP

Name of Corporation

DOCUMENT NUMBER: P19000073740

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:

DESAAD ROBINSON

Name of Contact Person

VISTA PUBLISHING SOLUTIONS CORP

Firm/Company

3444 QUANTUM LAKES DR.

Address

BOYNTON BEACH

City/State and Zip Code

VISTAPUBLISHINGSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

DESAAD ROBINSON

Name of Contact Person

at (561) 558-6681

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2019

CAPITAL CONNECTION, INC.

SUBJECT: VISTA PUBLISHING SOLUTIONS CORP
Ref. Number: P19000073740

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

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 419A00023150

**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: VISTA PUBLISHING SOLUTIONS CORP.
2. The principal office address: 8657 NW 57TH CT CORAL SPRINGS, FL 33067

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/30/2019 Document number: P19000073740

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)

JAMES KLESTZICK (RESIGNED)

8657 NW 57TH CT (RESIGNED)

CORAL SPRINGS, FL 33067

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

DESAAD ROBINSON

3444 QUANTUM LAKES DR.

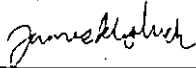
P.O. Box NOT acceptable

BOYNTON BEACH, FL 33426

2019 NOV 12 AM 9:26

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

JAMES KLESTZICK Pres.
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

DESAAD JOHNSON
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)