2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84059

Entity Name: LEEVISTA, INC.

Current Principal Place of Business:

6509 HAZELTINE NATIONAL DR SUITE 6

ORLANDO, FL 32822

Current Mailing Address:

6509 HAZELTINE NATIONAL DR

SUITE 6

ORLANDO, FL 32822 US

FEI Number: 59-2204820 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, RICHARD T 6509 HAZELTINE NATIONAL DR SUITE 6 ORLANDO, FL 32822 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VTD

Name LEE, RICHARD T Name LEE, KATHLEEN S

6509 HAZELTINE NAT'L DR STE 6 6509 HAZELTINE NAT'L DR STE 6 Address Address

ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822 City-State-Zip:

Title VD Title

Name JOHNSON, MICHELLE L Name BARROW, LORRAYNE L

Address 6509 HAZELTINE NAT'L DR STE 6 Address 6509 HAZELTINE NAT'L DR STE 6

City-State-Zip: ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822

Title Title

BARROW, SHAWN L Name Name LEE. THOMAS G II

6509 HAZELTINE NAT'L DR STE 6 Address Address 6509 HAZELTINE NAT'L DR STE 6

City-State-Zip: ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822

Title

Name JOHNSON, RANDALL D

6509 HAZELTINE NATIONAL DR Address

SUITE 6

City-State-Zip: ORLANDO FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD T LEE

PD

01/30/2018

Date

FILED Jan 30, 2018

Secretary of State

CC9978612298