2/10/25, 4:20 PM

Division of Corporations



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(((H250000516163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-8600 : (323)389-0502 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE VISIONARYPASSIONS144, LLC

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Help

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: VISIONARYPAS	SIONS144, LLC				
	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fec(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
Erik Treutlein					
Name of Person	······································				
Legalzoom.com. Inc.					
Firm/Company					
9900 Spectrum Dr					
Address					
Austin. TX 78717					
City/State and Zip Code					
deecalvert@gmail.com					
E-mail address; (to be used for future am	nual report notification)				
For further information concerning this matter.	please call:				
Erik Treutlein	at () 773-0888 ext 9724				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2 (a)			b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)	_	Mailing address of limited liability company: Onate: MAY BE POST OFFICE BOXI		
	1043 NW 2ND ST APT 5		1043 NW 2ND ST APT 5		
	MIAMI, FL 33128	_	MIAMI.	FL 33128	
	01/29/2025		L250000	050987	
3.	Date of filing/registration in Florida	J.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the			····	
	Registered Agent and Registered Office shown on the records of the CALVERT, DEE A	ne Flori	la Dept, of Sta	tte:	
	Registered Office Address (MUST BE FLORIDA STREET A	- ~ 2 3			
	MIAMI . FL	3312	3	- 25 FE	
(1.)				FILE 2025 FEB 10 SECRITAGE SECRITAGE	
(b)	Unter name of NEW Registered Agent and/or NEW Registered (
	UNITED STATES CORPORATION AGENTS	SFAT			
	SEW Registered Office Address:			- Sm o	
	476 Riverside Ave.			_	
	Jacksonville , FL	3220	2		
he chai igent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he reg bility of the li	istered offic company, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Tu	Tik Treutlein			Erik Treutlein	
Signati	ure of a member or authorized representative of a member			Printed or typed name of signee	
provisia he obli o mere totifica	ey accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have the change of this change. First Treation, ASSISTANI SECRUTARY, CORPORATION AGENTS, INC.	perforn för in ereby	nance of my Chapter 60 confirm that	rdules, and Lam familiar with and accep	

Signature of Registered Agent