

F1100000 3495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

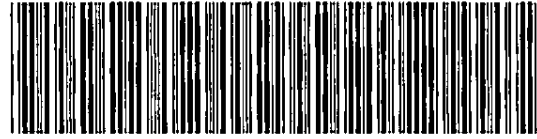
(Business Entity Name)

(Document Number)

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FEB 11 2019
T. LEMMELIX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Academy of Optometry Foundation, Inc.
Name of Corporation

F11000003495
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:

Becky Drury
Name of Contact Person

Labyrinth, Inc.
Firm/Company

1959 Palomar Oaks Way, Suite 300
Address

Carlsbad, CA 92011-1310
City/State and Zip Code

becky@labyrinthinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Drury 760 931-2620 ext 118
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 New York in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: American Academy of Optometry Foundation, Inc.

2. The principal office address: 2909 Fairgreen Street, Orlando, FL 32803

3. The mailing address (if different): 15829 Crabbs Branch Way, Suite 100
Rockville, MD 20855

4. Date of incorporation/qualification: _____ Document number: _____

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)

Registered Agents Inc.
330 N. Rocky Point Drive, Suite 150A
Tampa, FL 33607

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

InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

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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 authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lois Schoenbrun, Executive Director
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.

See attached statement
Signature of Registered Agent

1/10/2019
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
CR2E045 (03/12)



3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

November 8, 2018

Corporations Division

Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **American Academy of Optometry Foundation, Inc.**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

A handwritten signature in black ink, appearing to read 'Desiree Young', written over a horizontal line.

Desiree Young, on behalf of InCorp Services, Inc.