

LOS214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

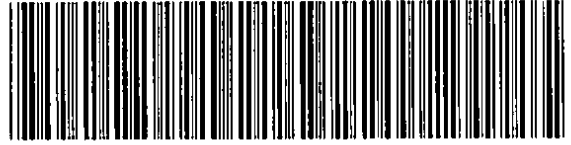
(Business Entity Name)

(Document Number)

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2022 APR 19 PM 09:55

2022 APR 19 PM 3:39

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 627825 8296666
AUTHORIZATION : *[Signature]*
COST LIMIT : \$35.00

ORDER DATE : April 19, 2022
ORDER TIME : 1:54 PM
ORDER NO. : 627825-005
CUSTOMER NO: 8296666

CHANGE OF AGENT

NAME: 20/20 EYE CARE NETWORK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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: 20/20 Eye Care Network, Inc.

2. The principal office address: 7300 Corporate Center Drive, Suite 501
Miami, FL 33126

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/28/1989 Document number: L05216

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)

COPPOLA, PATRICE M.
2900 W. CYPRESS CREEK
FORT LAUDERDALE, FL 33309

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

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

Patrice M. Coppola
Signature of an officer or director

Patrice Coppola Treasurer
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.

Corporation Service Company
Grace E. Kirby
Signature of Registered Agent

04/19/2022
Date

If signing on behalf of an entity:
GRACE E. KIRBY, ASST. VICE PRESIDENT
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 (04/13)