

P16000021081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

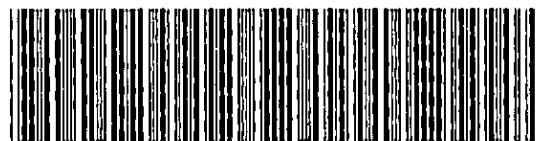
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 2020 Vision Care, P.A.
Name of Corporation

DOCUMENT NUMBER: P16000021081

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:

Yao Lu
Name of Contact Person

2020 Vision Care, P.A.
Firm/Company

4703 Greenway Dr.
Address

Hollywood, FL 33021
City/State and Zip Code

CLOD2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yao Lu at (919) 699-2414
Name of Contact Person 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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
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**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: 2020 Vision Care, P.A.
2. The principal office address: 4703 Greenway Drive
Hollywood, FL 33021
3. The mailing address (if different): (Same as above)

4. Date of incorporation/qualification: 3/1/16 Document number: P16000021081

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)

Yao Lu
3550 Emerald Pointe Dr. Apt. 304A
Hollywood, FL 33021

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

Yao Lu
4703 Greenway Drive
P.O. Box NOT acceptable
Hollywood, FL 33021

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]
Signature of an officer or director

Yao Lu, President
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]
Signature of Registered Agent

10/5/18
Date

If signing on behalf of an entity:

Yao Lu 2020 Vision Care, P.A.
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

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