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 617, Florida Statutes; and that my name appears				
above, or on an attachment with all other like empowered.				
SIGNATURE CHUNG TO	PRESIDENT	01/26/2020		

	indicated on		

SIGNATURE: CHUNG TO

Electronic Signature of Registered Agent

- Ti Name TO, CHUNG T DR.
- 242 HARBOR VILLAGE LANE

DOCUMENT# N0200009157

Entity Name: THE HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC.

## **Current Principal Place of Business:**

242 HARBOR VILLAGE LANE APOLLO BEACH. FL 33572

## **Current Mailing Address:**

242 HARBOR VILLAGE LANE APOLLO BEACH. FL 33572 US

## FEI Number: 36-4510150

## Name and Address of Current Registered Agent:

TO, CHUNG T DR. 242 HARBOR VILLAGE LANE APOLLO BEACH, FL 33572 US

SIGNATURE: CHUNG TO

The agent, or both, in the State of Florida.

ne above named entity submits this statement for the purpose of changing its registered office or registered a

- Address
- City-State-Zip: APOLLO BEACH FL 33572

FILED Jan 26, 2020 Secretary of State 2540785074CC

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail

01/26/2020 Date