Entity Name: INSTITUTE FOR ADAPTIVE OPTICS IN HUMAN VISION, INC.				Secretary of State 3532384141CC	
	ncipal Place of Business: ST RD. SUITES 113-115 L 34243				
Current Mai	ling Address:				
	VAST RD. SUITES 113-115 , FL 34243 US				
FEI Number: 47-5389469		Certificate of Status Desired: No			
Name and A	ddress of Current Registered Agent:				
VAN HEUGTEN, ANTHONY 8437 TUTTLE AVENUE, SUITE 319 SARASOTA, FL 34243 US					
The choice nome					
The above hamed	I entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State	of Florida.	
	d entity submits this statement for the purpose of changing its regines: ANTHONY VAN HEUGTEN	stered office or regis	tered agent, or both, in the State	of Florida. 01/24/2023	
		stered office or regis	tered agent, or both, in the State		
	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State	01/24/2023	
SIGNATURE	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent	stered office or regis	SD	01/24/2023	
SIGNATURE Officer/Dire	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail :			01/24/2023	
SIGNATURE Officer/Dire	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD	Title	SD	01/24/2023	
SIGNATURE Officer/Dire Title Name Address	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V	Title Name Address	SD LATZER, MICHAEL	01/24/2023 Date	
SIGNATURE Officer/Dire Title Name Address	E ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E	Title Name Address	SD LATZER, MICHAEL 29800 AGOURA RD	01/24/2023 Date	
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E SARASOTA FL 34243	Title Name Address	SD LATZER, MICHAEL 29800 AGOURA RD	01/24/2023 Date	
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E SARASOTA FL 34243 D	Title Name Address	SD LATZER, MICHAEL 29800 AGOURA RD	01/24/2023 Date	
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E SARASOTA FL 34243 D BENNETT, PETER 2425 KNECHT BRIDGE ROAD	Title Name Address	SD LATZER, MICHAEL 29800 AGOURA RD	01/24/2023 Date	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010688

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.

PD

SIGNATURE: TONY V HEUGTEN

Electronic Signature of Signing Officer/Director Detail

01/24/2023

FILED Jan 24, 2023