	# INSTITUTE FOR ADAPTIVE OPTICS IN HU	MAN VISION,	INC.	Secretary of State
	Icipal Place of Business: ST RD. SUITES 113-115 L 34243			5312171966CC
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:			
	VENUE, SUITE 319			
SARASOTA, FL	. 34243 03			
	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, i	in the State of Florida.
The above named		stered office or regis	tered agent, or both, i	
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, i	
The above named	 I entity submits this statement for the purpose of changing its regis ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, i	01/18/2020
The above named	 I entity submits this statement for the purpose of changing its regis ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, i	01/18/2020
The above named SIGNATURE Officer/Direc	entity submits this statement for the purpose of changing its regises ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent			01/18/2020 Date
The above named SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its regises ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD	Title	SD	01/18/2020 Date
The above named SIGNATURE Officer/Direc Title Name	entity submits this statement for the purpose of changing its registered ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E	Title Name	SD LATZER, MICHA 29800 AGOURA	01/18/2020 Date EL RD
The above named SIGNATURE Officer/Dired Title Name Address	entity submits this statement for the purpose of changing its registered ANTHONY VAN HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E	Title Name Address	SD LATZER, MICHA 29800 AGOURA	01/18/2020 Date EL RD
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	entity submits this statement for the purpose of changing its register 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, MICHA 29800 AGOURA	01/18/2020 Date EL RD
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	 entity submits this statement for the purpose of changing its regis 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, MICHA 29800 AGOURA	01/18/2020 Date EL RD
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	 Anthony Van HEUGTEN Electronic Signature of Registered Agent Ctor Detail : PD HEUGTEN, TONY V 4107 72ND AVE E SARASOTA FL 34243 D BENNETT, PETER 	Title Name Address	SD LATZER, MICHA 29800 AGOURA	01/18/2020 Date EL RD

2020 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.

SIGNATURE: TONY V HEUGTEN

PRESIDENT

01/18/2020

FILED Jan 18, 2020

Electronic Signature of Signing Officer/Director Detail