| NORTH PALM BEACH, FL 33408 US<br>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida<br>SIGNATURE: |  |                             |                 |                           |
|--|--|-----------------------------|-----------------|---------------------------|
|  | Electronic Signature of Registered Agent |                             |                 |                           |
| Officer/Director Detail :  |  |                             |                 |                           |
|  | Title                                    | DIR                         | Title           | DIR                       |
|  | Name                                     | AZARI, KRISTEN              | Name            | ESKRA, LAUREN             |
|  | Address                                  | 109 CASA GRANDE CT          | Address         | 113 GULFSTREAM RD         |
|  | City-State-Zip:                          | PALM BEACH GARDENS FL 33418 | City-State-Zip: | NORTH PALM BEACH FL 33408 |
|  |  |                             |                 |                           |
|  |  |                             |                 |                           |
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|  |  |                             |                 |                           |
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|  |  |                             |                 |                           |
|  |  |                             |                 |                           |

NORTH PALM BEACH, FL 33408 US FEI Number: 83-3420419

**Current Mailing Address:** 

PO BOX 14814

## Name and Address of Current Registered Agent:

ESKRA, LAUREN E

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: LAUREN ESKRA

REGISTERED AGENT/DIRECTOR 02/07/2020

Electronic Signature of Signing Officer/Director Detail

FILED Feb 07, 2020 Secretary of State 1687254594CC

Certificate of Status Desired: No

Date

Date

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19000001865

Entity Name: 2020 VISION FLORIDA INC

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

113 GULFSTREAM ROAD NORTH PALM BEACH, FL 33408