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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: NICOLE GARONZIK

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	Т
Name	GARONZIK, NICOLE	Name	GARONZIK, NICOLE
Address	4445 WOODFIELD BLVD.	Address	4445 WOODFIELD BLVD
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434

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.

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022249

Entity Name: SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

Current Principal Place of Business:

16244 S. MILITARY TRAIL SUITE 420 DELRAY BEACH, FL 33484

Current Mailing Address:

4445 WOODFIELD BLVD. BOCA RATON, FL 33434 US

FEI Number: 65-0580048

Name and Address of Current Registered Agent:

NICOLE GARONZIK 4445 WOODFIELD BLVD BOCA RATON, FL 33434 US

SIGNATURE:

FILED Feb 25, 2016 Secretary of State CC4705436922

Date

Certificate of Status Desired: No

02/25/2016

Date