that my name appears above, or on an attachment with all other like empowered. **CEO/PRESIDENT**

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000219049

Entity Name: BASELINE OPHTHALMIC SYSTEMS LLC

Current Principal Place of Business:

6151 LAKE OSPREY DR, SUITE 300 SARASOTA, FL 34240

Current Mailing Address:

6151 LAKE OSPREY DR, SUITE 300 SARASOTA, FL 34240 US

FEI Number: 83-1904384

Name and Address of Current Registered Agent:

QUEEN, HEATH E 6151 LAKE OSPREY DR, SUITE 300 SARASOTA, FL 34240 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(3) Detail .			
Title	MGR	Title	MGR
Name	QUEEN, JOANNA M	Name	QUEEN, HEATH
Address	6151 LAKE OSPREY DR, SUITE 300	Address	6151 LAKE OSPREY DR, SUITE 300
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

04/05/2019

FILED Apr 05, 2019 Secretary of State 6026952204CC

Date

Certificate of Status Desired: No

SIGNATURE: HEATH E QUEEN