## 485486

(Requestor's Name)				
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	—			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

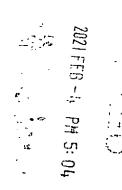


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MAR 2 3 2021

S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscqlobal.com

Date: February 2, 2021

Order#: 642650/019

Re: FOR EYES OPTICAL COMPANY OF COCONUT GROVE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

6. The name and (if changed):	street address of the new registered a  Corporation Service Company	gent (if changed) and /or registered	
	1201 Hays Street	Box NOT acceptable	
The street addre	Tallahassee ess of its registered office and the stre be identical.	FL 32301	of its registered agent.
	be identical. as authorized by resolution duly adop ae board, or the corporation has been		
Pablo Vran	yican	PABLO VRANJICAN	CFO
	DELONGER BERTON DITERATOR WORKS	Printed or Typed name a	and title
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ang filed merely to reflect a change in been notified in writing of this chann Service Company	tatutes relative to the proper and obligation of my position as regist othe registered office address. I h	complete performance vered agent. Or, if this ereby confirm that the
By: <u>Yna</u>	nature of Registered Agent  half of an entity:	Date	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2E045 (04/13)