

639498

Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

Division of Corporations  
Fax Number : (850) 205-0380

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

REGISTERED AGENT CHANGE

COHEN'S FASHION OPTICAL OF BOCA RATON, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COHEN'S FASHION OPTICAL OF BOCA RATON, INC.
2. The mailing address of the corporation: 1500 HEMPSTEAD TPK  
EAST MEADOW, NY 11554
3. Date of incorporation/qualification: October 12, 1979 Document number: 639498
4. The name and address of the current registered agent and registered office:

Capital Connections417 E. Virginia Street, Ste 1Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

BlumbergExcelsior Corporate Services, Inc.4435 Old Winter Garden RoadOrlando, FL 32811

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X (Signature of an officer, chairman or vice chairman of the board)

5/24/01 (Date)

Alan Cohen, Secretary  
(Typed or Printed Name with title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] (Signature of Registered Agent)

5-23-01 (Date)

If signing on behalf of an entity:

JOSE Mojica  
(Typed or Printed Name)

ASST. SEC Y.  
(Capacity)

Blumberg Excelsior, Inc.  
62 White Street  
New York, NY 10013

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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