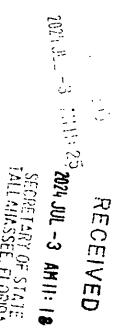
## F00000000 2018

(Requesto	r'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:		
	J. HORNE	
	JUL - 8 2024	
Special Instructions to Filing 0	J. HORNE	



900430976349



Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195		
REFERENCE : 5056201 8284541		
AUTHORIZATION Smelle man		
COST LIMIT : \$ 35.0		
ORDER DATE : June 19, 2024		
ORDER TIME : 3:50 PM		
ORDER NO. : 505620-011		
CUSTOMER NO: 8284541		
CHANGE OF AGENT		
NAME: DAVIS VISION, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY		
CONTACT PERSON: Shauna Godbolt		
EXAMINER'S INITIALS:		

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

statement of cla	hange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statute ganized under the laws of the State of New	York
	-	gistered agent, or both, in the State of Florida :	1.
1. The name of	f the corporation: DAVIS VISION, INC		
2. The principa	al office address: 500 Jordan Road, Tro	39, NY 12180	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 04/11/2000	Document number: F0000000201	8
5. The name ar		d agent and registered office on file with the gned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name ar (if changed):	•	gent (if changed) and /or registered office	7.20
	Corporation Service Company		Ç.es
	1201 Hays Street		! <b>C</b> -
	P.O.	Box NOT acceptable	79 7
	Tallahassee	FL 32301	
The street addr	ress of its registered office and the stre I be identical.	et address of the business office of its regis	tered agent;
Such change wanthorized by t	vas authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	r so
/s/ Hayley Ellington-Buckles		Hayley Ellington-Buckles, Chief Complia	nce Officer
Signati	ure of an officer or director	Printed or typed name and title	<del></del>
I further agree of my duties, a document is be corporation ha	I the appointment as registered agent to comply with the provisions of all si nd I am familiar with and accept the a sing filed merely to reflect a change in is been notified in writing of this change on Service;Company	latules relative to the proper and complete publication of my position as registered agen the registered office address, I hereby conf	verformance t. Or if this firm that the
By: Cli	, m lei	07/02/2024	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	r, Asst. Vice President		
7	Typed or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
505620-11