FOIDDODO BOOM

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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OPFEB 17 PM 4: 00

RECORDORATIONS

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COVER LETTER

Division of Corporations				
ava lacon Inc				
SUBJECT: lacon, Inc. (Name of Corporation)				
DOCUMENT NUMBER: F01000006096				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joanne Caswell				
(Name of Contact Person)				
Continental Corporate Services Inc				
Continental Corporate Services, Inc. (Firm/Company)				
189 Franklin Avenue, Suite 1				
(Address)				
Nutley, NJ 07110				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Joanne Caswell at (800) 300-5067 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32314 Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1 nge is submitted for a corporation organized und r to change its registered office or registered ago	der the laws of the State of Texas	this	-
1. The name of t	he corporation:	lacon,Inc.		
2. The principal	office address: 4000 LUXOTTICA PL, MAS	ON OH 45040-8114		
3. The mailing a	ddress (if different):		-	,
4. Date of incorp	poration/qualification: 11/26/2001 D	ocument number: F0100006	3096	
5. The name and	street address of the current registered agent and timent of State:			
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		09	OVYS
6. The name and (if changed):	street address of the new registered agent (if cha	anged) and /or registered office	09 FEB 17	CRETAR ION OF
	NRAI Services, Inc.		70	Y OF STA
	2731 Executive Park Drive, Suite	e 4	£	STAT
	(P.O. Box NOT acceptable) Weston, FL 33331		00	OKS.
	ess of its registered office and the street address be identical. as authorized by resolution duly adopted by its ne board, or the corporation has been notified i			nt,
Senting	ire of an officer or director)	(Printed or typed name and title)		
	the appointment as registered agent and agree to comply with the provisions of all statutes re d I am familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.		performa t. Or, if irm that	nce this the
7~	gnature of Registered Agent)	2- Y-U)		_
If signing on be	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 (8/05)

* * * FILING FEE: \$35.00 * * *