

F1100000 3689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

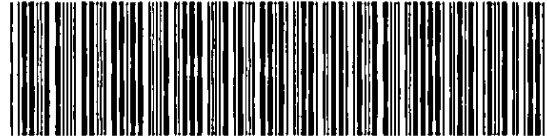
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB -4 A 11:09  
FEB 11 2019  
T. LEMIEUX

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Academy of Optometry, Inc.  
Name of Corporation

F11000003689  
**DOCUMENT NUMBER:**

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:

Becky Drury  
Name of Contact Person  
Labyrinth, Inc.  
Firm/Company  
1959 Palomar Oaks Way, Suite 300  
Address  
Carlsbad, CA 92011-1310  
City/State and Zip Code  
becky@labyrinthinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Drury 760 931-2620 ext 118  
Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of District of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: American Academy of Optometry, Inc.  
2. The principal office address: 2909 Fairgreen Street, Orlando, FL 32803

3. The mailing address (if different): 15829 Crabbs Branch Way, Suite 100  
Rockville, MD 20855

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

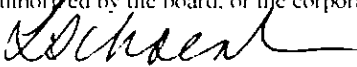
Registered Agents Inc.  
330 N. Rocky Point Drive, Ste 150A  
Tampa, FL 33607

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

InCorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Lois Schoenbrun, Executive Director  
Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

See attached statement  
Signature of Registered Agent

1/10/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)

FILED  
2019 FEB -4 A 11:10  
CLERK OF CIRCUIT COURT  
JACKSONVILLE



3773 Howard Hughes Parkway Suite 500S  
Las Vegas, NV 89169-6014

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

November 8, 2018

**Corporations Division**

Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **American Academy of Optometry, Inc.**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

A handwritten signature in black ink, appearing to read "Desiree Young", written over a horizontal line.

Desiree Young, on behalf of InCorp Services, Inc.