

F15000005671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

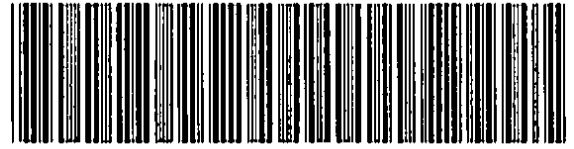
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLMANSVILLE, TN

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*Ra Chang*

JAN 04 2022  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MISSOURI LIONS EYE RESEARCH FOUNDATION INC.  
Name of Corporation

**DOCUMENT NUMBER:** FL5000005671

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:

LORI ARNOLD

Name of Contact Person

SPENCER FANE LLP

Firm/Company

1000 WALNUT STREET, SUITE 1400

Address

KANSAS CITY, MO 64106

City/State and Zip Code

ATHENNIANKC@SPENCERFANE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANNA HERNDON

Name of Contact Person

at (816) 474-8100

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -6 PM 12:00

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

1. The name of the corporation: MISSOURI LIONS EYE RESEARCH FOUNDATION INC.  
2. The principal office address: 10560 N AMBASSADOR DR, SUITE 210, KANSAS CITY, MO 64153

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/23/2015 Document number: H15000005671

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)

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHIEE, FL 33470

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

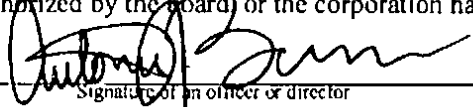
SPENSERV, INC.  
201 N FRANKLIN STREET, SUITE 2150  
TAMPA, FL 33602

P. O. Box NOT acceptable

FILED  
2021 DEC -6 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

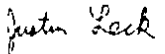
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Tony Bavuso, Chief Executive Officer  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

11/30/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

SPENSERV, INC. BY JUSTIN LECK  
\_\_\_\_\_  
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)