

F22 000004283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

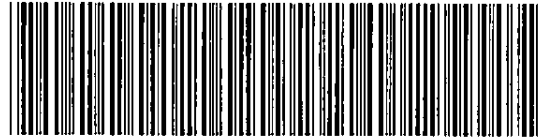
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600425451156

2024 APR 2 AM 9:34
SECRET
STATE
FL

2024 APR -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

SECRET

R. HUNT

04/02/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/02/2024

****WALK IN****

ENTITY NAME SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

2024 APR 02 AM 9:34
STATE
FILE

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: I20160000072

S R JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

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 Sacramento, CA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Surgical Eye Expeditions International, Inc.
2. The principal office address: 6500 Hollister, Suite 120 Goleta, CA 93117

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/26/1974 Document number: F22000004283

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)

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

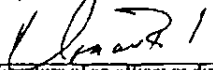
URS Agents, LLC
3458 Lakeshore Drive
Tallahassee, FL 32312

P.O. Box NOT acceptable

2024 MAR 28 AM 9:34
STATE
FL

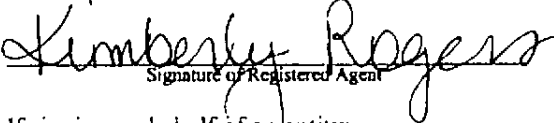
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Don Bell, President & CEO
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

3-28-2024
Date

If signing on behalf of an entity:

Kimberly Rogers, Vice President
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