

F57183

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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REGISTERED AGENT CHANGE

COHEN FASHION OPTICAL OF DADELAND, INC.

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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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : COHEN FASHION OPTICAL OF DADELAND, INC.
2. The mailing address of the corporation : 1500 HEMPSTEAD TPK
EAST MEADOW, NY 11554
3. Date of incorporation/qualification: December 4, 1981 Document number: E57183
4. The name and address of the current registered agent and registered office:
Capital Connections
417 E. Virginia Street, Ste 1
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
BlumbergExcelsior Corporate Services, Inc.
4435 Old Winter Garden Road
Orlando, FL 32811

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.

X (Signature of an officer, chairman or vice chairman of the board)

Sub (Date)

Alan Cohen, Secretary
(Printed or Typed Name and Title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] (Signature of Registered Agent)

5-23-01 (Date)

If signing on behalf of an entity:

Jose Mafica (Typed or Printed Name)

ASST. SEC Y. (Capacity)

Blumberg Excelsior, Inc.
62 White Street
New York, NY 10013
CK2E045(8/99)

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

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314