

F94000003397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

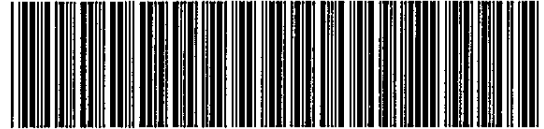
(Business Entity Name)

(Document Number)

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RA Change  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LASERSIGHT TECHNOLOGIES, INC.  
(Name of corporation)

DOCUMENT NUMBER: F 94 00 000 3397

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:

DOROTHY M Cipolla  
(Name of contact person)

Lasersight Technologies, Inc  
(Firm/Company)

6848 Stapoint Ct  
(Address)

Winter Park, FL 32792  
(City/state and zip code)

For further information concerning this matter, please call:

Dorothy Cipolla at (407) 678-9900 x117  
(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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 10, 2005

DOROTHY M. CIPOLLA  
LASERSIGHT TECHNOLOGIES, INC.  
6848 STAPOINT CT.  
WINTER PARK, FL 32792

SUBJECT: LASERSIGHT TECHNOLOGIES, INC.  
Ref. Number: F94000003397

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Document Specialist

Letter Number: 305A00033374

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laser Sight Technologies, Inc.  
2. The principal office address: 6848 Stapoint Court  
Winter Park, FL 32792  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/28/94 Document number: F94 00 000 3397

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

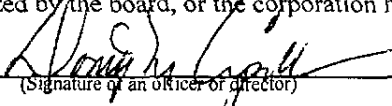
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Danghui "DAVID" Liu  
6848 Stapoint Court  
(P.O. Box NOT acceptable)  
Winter Park, FL 32792

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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)

DOROTHY M Cipolla Secretary  
(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)

5/16/05  
(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