

OCT. 5 2009 9:40AM
DIVISION OF CORPORATIONS

PREMIER CORP SERVICE

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F94000004629

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PREMIER CORPORATE SERVICES INC
Account Number : I20060000023
Phone : (651) 225-9500
Fax Number : (651) 225-9579

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THE WALMAN OPTICAL COMPANY

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

(((H09000213562 3)))

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

1. The name of the corporation: The Walman Optical Company
2. The principal office address: 801 12th Avenue North, Minneapolis, MN 55411
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/7/1994 Document number: F94000004629

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

C T Corporation System1200 South Pine Island RoadPlantation, FL 33324

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

NRAI Services, Inc.2731 Executive Park Drive, Suite 4(P.O. Box NOT acceptable)Weston, FL 33331

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)Charles Pillsbury, CFO/Treasurer(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)10/2/09(Date)

If signing on behalf of an entity:

Chelsea Bialowas, Assistant Secretary(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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