

F9800000/138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

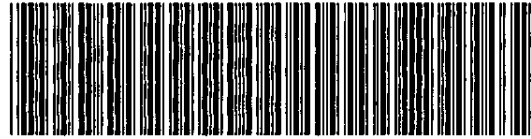
Certified Copies _____

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2011 JAN - 7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dropping Alt. Name

JB 1-10-11



Superior Vision®
Our Members. Our Mission.

December 3, 2010

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment to drop adopted name

To Amendment Section/ Division of Corporations:

Please accept this letter as a formal request to amend our application for Authorization To Transact Business in Florida. We would like to drop our adopted name, "Superior Vision Plan, Inc." and use the name, "**Superior Vision Services, Inc.**". We original had to select a different name because at the time the name Superior Vision Services, Inc. was already taken in Florida. The Florida entity that held the rights to the name Superior Vision Services, Inc. voluntarily dissolved in 2000.

Enclosed please find the following:

1. Fee of \$43.75 (Filing Fee & Certificate of Status) in the form of a check payable to the Florida Department of State.
2. Certificate of Good Standing from the Delaware Secretary of State (state of incorporation).
3. Completed Cover Letter
4. Completed and signed Profit Corporation Application for Amendment

Please send the updated Certificate of Status to:

Superior Vision Services, Inc.
Attn: Sandra Parkinson, Compliance Manager
11101 White Rock Road, #150
Rancho Cordova, CA 95670

If you have any questions please feel free to contact me at 1-800-923-6766, ext. 2220 or by email at sparkinson@superiorvision.com.

Sincerely,

Sandra Parkinson
Compliance Manager



Superior Vision®

Our Members. Our Mission.

December 28, 2010

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment to drop adopted name, Superior Vision Plan, Inc.

To Amendment Section/ Division of Corporations:

Thank you for your letter number 710A0029236 regarding our request to withdraw our alternate name, Superior Vision Plan, Inc.

We have completed the forms that were provided and enclose the following here for your review/ processing:

1. Completed Cover Letter
2. Completed and signed Resolution of the Board of Directors to Withdraw the Alternate Name for Use in Florida
3. Copy of correspondence letter (Letter Number: 710A0029236)
4. Original documents previously submitted (if you do not need these, please discard).

Please note that the fee of \$43.75 was previously submitted in the form of a check (check # 003067) payable to Florida Department of State. Should you require any additional fees, please let me know.

We have endeavored to provide all of the information required, but please do not hesitate to contact me directly at 800-923-6766, ext. 2220 or sparkinson@superiorvision.com should you have any questions or require any additional information.

Sincerely,

Sandra Parkinson
Compliance Manager
Superior Vision Services, Inc.
11101 White Rock Road, Suite 150
Rancho Cordova, CA 95670

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Vision Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 71DA00029236

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Parkinson
(Name of Contact Person)

Superior Vision Services, Inc.
(Firm/Company)

11101 White Rock Road, #150
(Address)

Rancho Cordova, CA 95670
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Parkinson at (800) 923-6766, ext. 2220
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2010

SUPERIOR VISION SERVICES, INC.
ATTN: SANDRA PARKINSON
11101 WHITE ROCK RD #150
RANCHO CORDOVA, CA 95670

SUBJECT: SUPERIOR VISION PLAN, INC.
Ref. Number: F98000001138

We have received your document for SUPERIOR VISION PLAN, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 710A00029236



FILED
2011 JAN -7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Rick P. Corbett, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Superior Vision Services, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware,
(State or Country)

was adopted on 1-4-2011 withdrawing the alternate

name of Superior Vision Plan, Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: _____

Rick P. Corbett

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

PRESIDENT

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314