

521063

Requester's Name

3545 HWY 441 S.  
OKEECHOBEE, FL 34974

FILED

02 SEP 19 PM 1:44

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **600007391976--7**  
-08/28/02--01046--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

PS 8/3/02  
Reg PS 9/18/02  
521063



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 3, 2002

AMERICAN VISION & HEARING AID CENTER, INC.  
3545 US HWY 441 S  
OKEECHOBEE, FL 34974

SUBJECT: AMERICAN VISION & HEARING AID CENTER, INC.  
Ref. Number: J21063

We have received your document for AMERICAN VISION & HEARING AID CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered office, the enclosed form should be completed and returned to this office for filing.

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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 902A00050900

RECEIVED  
02 SEP 19 AM 10:29  
DIVISION OF CORPORATIONS

**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 \_\_\_\_\_ 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 : AMERICAN VISION & HEARING AID CENTER, INC.

2. The mailing address of the corporation : 3545 HWY 441 SOUTH

OKEECHOBEE, FL - 34974

3. Date of incorporation/qualification: 6/25/80 document number: 02 521063

4. The name and address of the current registered agent and registered office:

FALCO R - ODORISIO

935 NW 5TH AVENUE

BOCA RATON FL 33432

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

SAME -

3545 HWY 441 SOUTH

OKEECHOBEE, FL 34974

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.

Falco R. Odorisio

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

9/16/02

(Date)

FALCO R. ODORISIO PRES.

(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.

Falco R. Odorisio

(Signature of Registered Agent)

9/16/02

(Date)

If signing on behalf of an entity:

FALCO R. ODORISIO

(Typed or Printed Name)

PRES.

(Capacity)

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