## KU8124

· (Re	equestor's Name)	
(Ác	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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## **COVER LETTER** ;

TO: Amendment Section Division of Corporations
SUBJECT: EYE DOCTORS OPTICAL OUTLET OF LAKELAND, P.A.  Name of Corporation
DOCUMENT NUMBER: K68124
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:
Robert Bible Je Name of Contact Person
LOPEZ KELLY & BILLE, P.A. Film/Company
4100 W KENNEDY BLVD, GUITE 114
TAMPA, FL 33609 City/State and Zip Code rbible@lkb-pa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Robert Bible at (813) 289 - 3400  Name of Contact Person Area Code & Daytime Telephone Number
Englaced is a \$25.00 shook made payable to the Department of State

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: EYE DOCTORS OPTICAL OUTLET OF LAKELAND, P.A.	
2. The principal office address: 5607 Johns Road	
Tampa, Florida 33634	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Feb. 24, 1989 Document number: K68124	_
<ol> <li>The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> </ol>	
Robert W. Bible, Jr.	
4600 W. Cypress Street, Suite 500	ي ا
Tampa, Florida 33607	- 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ALL SORE. TLONGS
Lopez, Kelly & Bible, P.A.	
4100 W. Kennedy Blvd., Suite 114	)[(197
P.O. Box NOT acceptable Tampa, Florida 33609	ر-
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.  Robert N. Lewenson, Director	
Signature of an officer or director 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 duries, 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.	
. fr. U. Tho. ! Vice-President 7/14/10	
// Signature of Registered Agent Date	
If signing on behalf of an entity:	
Robert W. Bible, Jr., Vice-President	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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

Typed or Printed Name