L0100009876

(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	o #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



200026997572

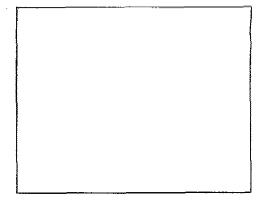
U1/2U/U4--01042--003 **25.00

MK.





FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN FILING

CORPORATION NAME	SEC.
1. ORIANDO OPTHAMOLOGY REAL	AND PO
ESTATE INVESTORS, LLC	Y CF
CHECK # 1080	TATE ORIDA
AMOUNT \$25,00	
PLEASE RETURN THE FOLLOWING:	
CERTIFIED COPYX PLAIN PHOTOCOPY	
CERTIFICATE OF GOOD STANDING / STATUS	
DOCUMENT TYPE:	
NEW FILING	
AMENDMENT	
REGISTRATION / QUALIFICATION	
X OTHER CHANGE OF AGENT	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 lim	itad liahility aama	onsz igz	Orlando Ophi	halmology Real Es	state Investors, LLC	
2. The mailing address	of the limited hab	ility co	mpany is: 22	211 Oberlin Avenue	e, Orlando, FL 32804	
		* · · ·			VE 2	
June 20, 2001			L01000009876			
3. Date of filing/registr	ation in Florida			4. Document nur	nber	
5. The name of the regi Florida Department of		ne regis	tered office a	ddress as shown o	on the records of the	
•	Jeffrey Sapp					
, y y , on 255 or			Name		7 2 2 2 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3	
	2211 Oberlin Av		Address	<u> </u>	F8	
Address Orlando, FL 32804					AND T	
	0,14,140, 1 2 020	City,	State and Zip	.	20 SSE	
6. The name and address	ss of the new regist	tered ag	gent and/or of	fice:	20 MID 28	
	NRAI Services, I	nc.			ORID ORID	
	526 E. Park Aver		Name		25 DA	
			s (P.O. Boy N	OT acceptable)	* - * * * * * * * * * * * * * * * * * *	
	1 ionaa sacca	addica	3 (I .O. DOA I	or acceptable)		
	Tallahassee		FL 32301			
		City, S	State and Zip			
If the limited liability confirmed that after the and the business office liability company, it is lithe members of the limithe operating agreement (Signature of a member or aut	change or change of the registered a nereby confirmed t ited liability compa t of the limited lial	s are m gent wi that the any or a bility co	ade, the Flori ill be identical change(s) wa as otherwise rompany.	da street address	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or	
George P. McGinn, Jr., N	lanager				,	
(Printed or typed name of sign	ee)				•	
I hereby accept the apple comply with the provisi and I am familiar with Chapter 608, F.S. Or address, I hereby confit NRAI Services. Inc. (Signature of Registered Agen	lak	tered as relative igation being j liabilit	gent and agree to the prope s of my positi filed to merel ty company ha	e to act in this ca r and complete p on as registered i g reflect a change as been notified i	spacity. I further agree to erformance of my duties, agent as provided for in a in the registered office n writing of this change.	

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

FILING FEE: \$25.00

INHS18(10/99)