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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

JUL 3 0 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Eye Holding Company LL C Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Pamela Baxer Name of Person		
Exe Holding a, 22 C		
4790 Barrey Circle (103		
Fort Myers FL 33907  Gly/State and Zip Code		
1-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tamela Bayer at (239) 9368686		
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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

liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.		
1. Name of the limited liability company: Eye Holding Company, CL		
2. (a) Principal office address of limited liability company: 4790 Box (Note: MUST BE STREET ADDRESS)  (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
$\frac{12/2)2002}{\text{3. Date of filing/registration in Florida}} \qquad \frac{102000032186}{\text{4. Document number}}$		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent: <u>Juy Whitesman</u>		
Registered Office Address: % HENDERSON FRANKLIN STARNES & HOLT, PA 1715 MONROE STREET FORT MYERS, FL 33901 US		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:  1790 Parch of City City City City City City City City		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  TO TOTAL THE STREET ADDRESS)		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
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 obligations of my position as registered agent as provided for an Chapter 608, I.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.		
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		