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COVER LETTER

TO: Registration Section Division of Corporations

EYE SUPPLY, LLC

SUBJECT:

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:

e/o W. Patrick Westerfield, Esq.

Name of Person

Law Offices of Clint Curtis & Assocates, P.A.

Firm/Company

7217 East Colonial Dr. # 113

Address

Orlando, FL 32807

City/State and Zip Code

Law@ClintCurtis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Patrick Westerfield, Esq.	407	384-3120
	at ()
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		<u>Street Address:</u>
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N:	ame of the limited liability company:	.LC			
2. (a)	785 N. WICKHAM ROAD, SUITE 106	()	(b) 18252 Bellezza Drive		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	、	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MELBOURNE, FL 32935		Orlando, Fl	. 32820	
	06/25/2019		L040000482	02	
3. 5. (a)	Date of filing/registration in Florida EDWARD UCCI	4.	[Document number	
. (a)	Registered Agent and Registered Office shown on the records of 18252 Bellezza Drive	f the Florid	i Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	 ช		
	ORLANDO, FI			THE AND THE PARTMENT OF PARTME	
(b)	Law Offices of Clint Curtis & Assocates, P.A.				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	EFFLORATION	
	7217 East Colonial Dr.				
	NEW Registered Office Address:				
	Suite 113				
	Orlando				
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	2 register ability co of the lim fimited l	ed office and impany, it is inted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in bany.	
·Signa	are gromember or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I in writing of this change. WW2 DEMAN & MAW Hice 5 A	r perform rd for in C hereby co	ance of my di Diapter 605, infirm that th	viv. I further agree to comply with the dies, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been S MUL AGSOCI CHES, PA	
Signatu	ie of Registered Agent	1 21			

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FH.ING FEE: \$25.00

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