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PICK-UP WAIT MAIL	
(Dunings Estite Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special instructions to Filing Officer:	
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Office Use Only



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M. THOMAS

SEP 1.8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EYE EXAMS UNLIMITED, PL 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:
STACI AVERBACH Name of Person
Firm/Company
12233 PEMBROKE ROAD
E-hail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Swyma 44 (a aol, com)  E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Staci ANERBACH at (954) 540-2558
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 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 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. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: above Same (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: atthew Sungbaum Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: KOAD **NEW** Registered Office Address: (MUST BE FLORIDA 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 openization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member AUERBACH Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. In the registered to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent