

LO50000 11847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

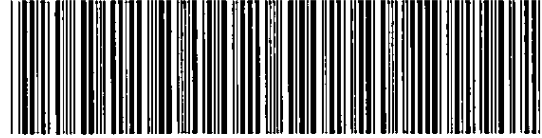
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 21 AM 7:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

FEB 18 2020

S. YOUNG

***Law Offices of
Clint Curtis and Associates, P.A.***

January 14, 2020

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

Dear Registration Officer:

Our firm has been retained to serve as the registered agent for the legal entities listed below:

20/20 Eyeglass Superstore, Inc.
411 Eyes, LLC
Eye Supply, LLC
Life Centers of Brevard, LLC

I have enclosed the relevant forms to change the registered agent for each entity and a check for \$110.00 to cover the filing fees. Please forward the form (CR2E045) and fee for 20/20 Eyeglass Superstore, Inc. to your Amendment Section for processing. If you have any questions or concerns, please feel free to contact me at (407) 384-3120 or Law@ClintCurtis.com.

Sincerely,



W. Patrick Westerfield
Attorney at Law

Enclosures

7217 E. Colonial Dr. Suite 113
Orlando, FL 32807

Office: (407) 384-3120
Fax: (407) 386-7682

Managing Partner - New York State - Clint Curtis - New York licensed attorney
Florida State - Sylvain R. Robitaille - Florida licensed attorney

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 411 EYES, LLC

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:

c/o W. Patrick Westerfield, Esq.

Name of Person

Law Offices of Clint Curtis & Associates, 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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. Name of the limited liability company: 411 EYES, LLC
2. (a) 1270 Saxon Blvd #105
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Orange City, FL 32763
- (b) 1270 Saxon Blvd #105
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Orange City, FL 32763
3. 01/27/2005 Date of filing/registration in Florida
4. L05000011847 Document number
5. (a) EDWARD UCCI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
784 Zoe Ct
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Oviedo, FL 32765
- (b) Law Offices of Clint Curtis & Associates, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7217 East Colonial Dr.
NEW Registered Office Address:
Suite 113
Orlando, FL 32807

FILED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

[Signature] Signature of a member or authorized representative of a member

EDWARD UCCI, MGRM Printed or typed name of signee

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 in Chapter 605, 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.

[Signature] Signature of Registered Agent for Law Offices of Clint Curtis and Associates, PA