

LO50000016138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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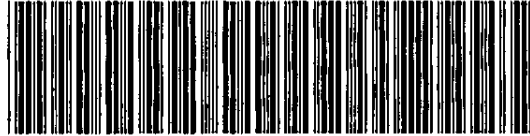
(Business Entity Name)

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MAR 10 2016

S. YOUNG

296397

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYE CONSULTANTS OF BONITA SPRINGS PLLC
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:

Jonathan Gopman

Name of Person

Akerman LLP

Firm/Company

9128 Strada Place, Suite 10205

Address

Naples, Florida 34108

City/State and Zip Code

jonathan.gopman@akerman.com

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

For further information concerning this matter, please call:

Beverly Krepel at (239) 449-5600

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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**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: EYE CONSULTANTS OF BONITA SPRINGS PLLC

2. (a) 23451 WALDEN CENTER DRIVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 3

BONITA SPRINGS, FLORIDA 34134

(b) 23451 WALDEN CENTER DRIVE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUITE 3

BONITA SPRINGS, FLORIDA 34134

03/07/2005

3. Date of filing/registration in Florida

L05000016138

4. Document number

5. (a) CLASP INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3001 TAMIAMI TRAIL NORTH 4TH FL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34103

(b) STEPHEN E. PASCUCCI

Enter name of NEW Registered Agent and/or NEW Registered Office address:

23451 WALDEN CENTER DRIVE

NEW Registered Office Address:

SUITE 3

BONITA SPRINGS, FL 34134

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.

STEPHEN E. PASCUCCI

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent

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

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