15500088720

(Rec	questor's Name)	
. (Add	iress)	
(Add	dress)	
. (City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200242951392

12/31/12--01008--023 **25.00

12 DEC 31 PM 3: 12
SECRETARY OF STATE
SHIP AHASSEE FIORIN

COVER LETTER

TO:

INHS18 (5/08)

Registration Section

Division of Corporations West Florida Vision Services, 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: Dr. Neil A. Hook Name of Person Firm/Company 8050 Navarre Pkwy Navarre, FL 32566 City/State and Zip Code neilhook@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Neil Hook 850 Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 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: West Florida Vis	sion Services, LLC		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: 8050 Navarre Pkwy Navarre, FL 32566		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8050 Navarre Pkwy Navarre, FL 32566		
09/08/2005	L05000088720	÷,	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	da Dept. of State:	
Registered Agent:	Neil A. Hook		
Registered Office Address:	8158 Navarre Pkwy Navarre, FL 32566	2000	
		SV of Property (Control of Property Control	
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office a	ddress: De Co	
NEW Registered Agent:	Neil A. Hook		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8050 Navarre Pkwy	- 10	
MOST BE TECRIDA STREET ADDRESS	Navarre	,FL_32566	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	ne Florida street address of dentical. Or, in the case of ge(s) was/were authorized b brwise provided in the article	the registered office a Florida limited by an affirmative vote of	
Signature of a member or authorized representative of a member			
Neil Hook Printed or typed name of signee I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, H.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capa e proper and complete perf y position as registered ago o merely reflect a change in pany has been notified in w	city. I further agree to ormance of my duties, ont as provided for in the registered office writing of this change.	
Signature of Basiliand Agent	V · ·	5 7 8 8 8	

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