

LOT 00005910

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE PRADO VISION OPTICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FEB 08 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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

1. Name of the limited liability company: PRADO VISION OPTICAL, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7522 NORTH HIMES AVENUE
TAMPA, FL 33614
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7522 NORTH HIMES AVENUE
TAMPA, FL 33614
3. 10/18/2007
Date of filing/registration in Florida
4. L07000105914
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JOHN C. CONNERY, JR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS):
101 E KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
R. JAMES ROBBINS, JR.
NEW Registered Office Address:
101 E KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 of a member or authorized representative of a member

R. James Robbins, Jr., authorized representative
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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