

Division of Corporations

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(H090001607803)

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****ESPINOZA OPTICIANS LLC**

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Lina Gallinea

(H090001607803)

N. Gallinea

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, 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: ESPINOZA OPTICIANS, LLC

2. (a) Principal office address of limited liability company: 1240 ROYAL PALM BEACH BLVD

☒ (Note: MUST BE STREET ADDRESS) ROYAL PALM BEACH, FL 33411

(b) Mailing address of limited liability company: 1240 ROYAL PALM BEACH

☒ (Note: MAY BE POST OFFICE BOX) ROYAL PALM BEACH, FL 33411

3. Date of filing/registration in Florida: 7/10/09 4. Document number: L07DD0112958

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JUAN ESPINOZA

Registered Office Address: 516 SHADY PINE WAY #A-1
GREENACRES, FL 33415

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

NEW Registered Agent: MIGUEL ESPINOZA

NEW Registered Office Address: 1240 ROYAL PALM BEACH BLVD

(MUST BE FLORIDA STREET ADDRESS) ROYAL PALM BEACH, FL 33411

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.

Miguel A Espinoza
Signature of a member or authorized representative of a member

MIGUEL A ESPINOZA
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 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.

Miguel A Espinoza
Signature of Registered Agent

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

FILING FEE: \$25.00

10/10/09

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