

LO7000118036

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAR 30 2010

**EXAMINER**

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**FILED**  
10 MAR 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISO LASIK MEDSPAS, 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:

YVETTE HARRELL

Name of Person

Firm/Company

5301 BLUE LAGOON DRIVE

Address

MIAMI, FL 33126

City/State and Zip Code

YHARRELL@BRICANAMERICA.COM

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

For further information concerning this matter, please call:

YVETTE HARRELL

Name of Person

at ( 786 )

388-6071

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

**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: VISO LASIK MEDSPAS, LLC

2. (a) Principal office address of limited liability company: 2332 GALIANO STREET

☐ (Note: **MUST BE STREET ADDRESS**) SECOND FLOOR  
CORAL GABLES, FLORIDA 33134

(b) Mailing address of limited liability company: 5301 BLUE LAGOON DRIVE

☐ (Note: **MAY BE POST OFFICE BOX**) SUITE 520  
MIAMI, FLORIDA 33126

NOVEMBER 26, 2007 L07000118036  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: BRIAN A. HART

Registered Office Address: 2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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

**NEW Registered Agent:** YVETTE J. HARRELL

**NEW Registered Office Address:** 5301 BLUE LAGOON DRIVE  
**(MUST BE FLORIDA STREET ADDRESS)** SUITE 520  
MIAMI, FL 33126

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 of a member or authorized representative of a member

JACQUES LEMACON

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.*

Yvette J. Harrell  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
10 MAR 29 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA