L08789

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
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2020 OCT 19 PH 4: 38
SECRETARY OF STATE
TALL AHASSEE, FL

11/2M/20 On

COVER LETTER

TO:

TO: Amendment Section Division of Corporations
SUBJECT: Ocean Optics, Inc. Name of Corporation
DOCUMENT NUMBER: L08789
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Edwards Name of Contact Person Ocean Optics, Inc.
Firm/Company
3500 Quadrangle Boulevard
Address
Orlando, Florida 32817
City/State and Zip Code
michael.edwards@oceaninsight.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rui Lopes 226-4752
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	unized under the laws of the State of F	lorida	<u></u>	
1. The name of	the corporation: Ocean Optics, Inc.				
2. The principal	eff - add				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 8/14/1989	Document number: L08789			
5. The name and Florida Depar	street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with	h the		
	Michael Edwards				
	8060 Bryan Dairy Road				
	Largo, Florida 33777		တ	20.	
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	ECRETA!	2020 OCT 19	
	Michael Edwards		RY (
	3500 Quadrangle Boulevard		0F S	PM 4:	
P.O. Box NOT acceptable					
	Orlando, Florida 32817		m	င္သ	
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its	registered	l agent,	
Such change wa authorized by the	as authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by an onotified in writing of the change.	fficer so		
		Rui Lopes			
· ·	e of air Officer or director	Printed or typed name and utile	-		
of my duties, an document is bei	the appointment as registered agent of comply with the provisions of all stop in an important and accept the old is an familiar with and accept the old in giled merely to reflect a change in the confidence in writing of this chang	atutes relative to the proper and comp bligation of my position as registered the registered office address. I hereby	olete perfo agent. Or confirm t	rmance r, if this hat the	
1-17/5	(les	October 15, 2020			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Michael Edward	S				
T.	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)