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(Address)

(Address)

(City/State/Zip/Phone #)

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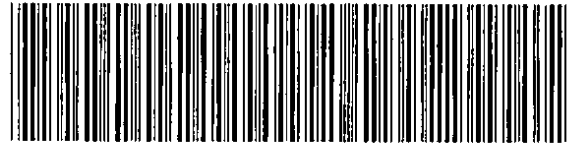
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FRIEDMAN
ROSENWASSER
GOLDBAUM, P.A.
Attorneys at Law

Andrew R. Friedman

7978 La Mirada Ct
Boca Raton, FL 33433-6
Phone: 859.749.7

arfatty@gmail.com
www.frglaw.com

May 31, 2023

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

RE: Bruno Vision Care, LLC
Statement of Change of Registered Office

Dear Sir/Madam:

Enclosed herewith please find a Statement of Change of Registered Office for **Bruno Vision Care, LLC**, along with our check in the amount of \$25.00 made payable to Florida Department of State for the filing fee.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'ARF' followed by a long horizontal flourish.

Andrew R. Friedman

ARF
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

Bruno Vision Care, LLC

SUBJECT: _____
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:

Andrew R. Friedman

Name of Person

Friedman, Rosenwasser & Goldbaum, P.A.

Firm/Company

7978 La Mirada Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

arfatty@gmail.com

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

For further information concerning this matter, please call:

Andrew R. Friedman

859

749-7946

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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 Florida.

Bruno Vision Care, L.L.C

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2255 Glades Road, Suite 324A

Boca Raton, FL 33431

3/27/17

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2255 Glades Road, suite 324A

Boca Raton, FL 33431

L17000068183

3. _____ Date of filing/registration in Florida 4. _____ Document number

Friedman, Rosenwasser & Goldbaum, P.A.

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

7280 W. Palmetto Park Road, Suite 202

Boca Raton

33433

, FL

Friedman, Rosenwasser & Goldbaum, P.A.

(b) _____

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

NEW Registered Office Address:

5550 Glades Road, Suite 500

Boca Raton

33432

, FL

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.

Andrew R. Friedman

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 JUN -5 PM 4: 01