

118000006324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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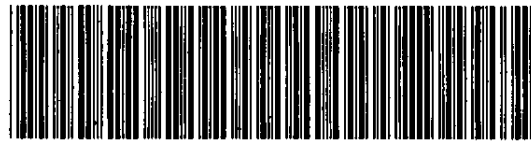
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 26 2018  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VICTRIX EYE SURGEONS, 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:

**MATILDA KALAVESHI**

Name of Person

**VICTRIX EYE SURGEONS LLC**

Firm/Company

**50 BISCAYNE BLVD APT 4902**

Address

**MIAMI FL 33132**

City/State and Zip Code

**mkalaveshi@gmail.com**

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

For further information concerning this matter, please call:

**MATILDA KALAVESHI** **305** **773-0141**  
Name of Person at ( ) 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 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.*

**VICTRIX EYE SURGEONS LLC**

1. Name of the limited liability company: VICTRIX EYE SURGEONS LLC
2. (a) MATILDA KALAVESHI (b) SAME AS A
- Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 50 BISCAYNE BLVD APT 4902 SAME AS A
- MIAMI FL 33132
- 01/08/2018 L18000006324

3. 01/08/2018 Date of filing/registration in Florida 4. L18000006324 Document number
- UNITED STATES CORPORATION AGENTS INC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAK COURT A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA 33612  
, FL

MATILDA KALAVESHI

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

50 BISCAYNE BLVD APT 4902

NEW Registered Office Address:

MIAMI 33132  
, 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.

**MATILDA KALAVESHI**

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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**

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18 FEB 26 AM 9:49  
TALLAHASSEE, FLORIDA