Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. *Type the fax audit number* (shown below) on the top and bottom of all pages of the document.

(((H18000060494 3)))

H180000604943ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
18 FEB 22 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE
MY REFRACTIVE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$55.00

RECEIVED
FEB 22 2018

J LEGGETT
FEB 23 2018

Electronic Filing Menu Corporate Filing Menu Help

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.

1. Name of the limited liability company: My Refractive Services, LLC

2. (a) 3801 S CONGRESS AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PALM SPRINGS, FL 33461

(b) 3801 S CONGRESS AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PALM SPRINGS, FL 33461

3. 01/16/2018
Date of filing/registration in Florida

4. L18000013969
Document number

5. (a) ZIFRONY, MATT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C/O TRIPP SCOTT, PA
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
110 SE 6TH ST, FLOOR 15
FT LAUDERDALE, FL 33301

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
18 FEB 22 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

By: C T Corporation System
Signature of Registered Agent

James M. Halpin
Assistant Secretary

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

INHS18 (2/14)