

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000484497

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
INDEPENDENT EYE CARE PLLC**

Certificate of Status	0
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S. P. 103

MAR 26 2024

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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: INDEPENDENT EYE CARE PLLC
2. (a) 17035 Rainbow Falls Trail
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton, FL 33496
- (b) 17035 Rainbow Falls Trail
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33496
3. 11/14/2022
Date of filing/registration in Florida
4. L22000484497
Document number
5. (a) Valencia Registered Services, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
75 Valencia Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Fourth Floor
Coral Gables, FL 33134
- (b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

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.

Tasha Edwards
Signature of a member or authorized representative of a member

Tasha Edwards, Attorney-in-Fact
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.

Tasha Edwards
Signature of Registered Agent

Tasha Edwards, Special Secretary

2024 MAR 26 AM 8:43