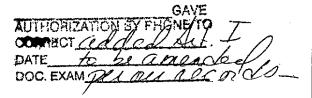
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Office Use Only





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12/17/2003

To Whom It May Concern,

Please find enclosed two corporate name change requests. Please process the name change **from** Family Vision Center **to** Vision Therapy Center **first** so that when you attempt to process the second name change, from LM Eyecare to Family Vision Center, the desired name will be available.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

Lori A. Mazza O.D.

(561) 439-2020

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Fami	ly Vision Center Inc.		
DOCUMENT N	UMBER: L71986		
The enclosed Arti	icles of Amendment and fee ar	e submitted for filing.	
Please return all c	orrespondence concerning this	matter to the following:	
	Stephen (C. Franzblau O.D.	
	(Nar	ne of Person)	·
		Tision Center	
	(Name of	Firm/ Company)	
		rest Hill Blvd.	
	(Address)	
	* ***	Beach, FL 33413	
	•	te/ and Zip Code)	
For further inform	nation concerning this matter, p	please call:	
Stephen C. Franz	blau O.D.	at (561) 439-2020)
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	ck for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	643.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corpo 409 E. Gaines Street Tallahassee, FL 32	rations eet

FILED

Articles of Amendment to Articles of Incorporation of

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TALLAHASSEE, FLORIDA

Family Vision Center Inc.		
(Name of corporation as currently filed with the Florida	a Dept. of State)	
	EEFEC	TIVE DATE 1
L71986	Gr,	21/21/04m
(Document number of corporation, if know	wn)	
•	•	
ursuant to the provisions of section 607.1006, Florida Statutes, this	Florida Profit Corp	oration
dopts the following amendment(s) to its articles of incorporation:		
(EW CODDOD ATE NAME (if changing).		
EW CORPORATE NAME (if changing):		
Vision Therapy Center Inc.		
(must contain the word "corporation," "company," or "incorporated" or the abb	reviation "Corp.," "Inc.,"	or "Co.")
MENDMENTS ADOPTED- Indicate Article Number(s) and/or A	Article Title(s) being	amended,
dded or deleted: (BE SPECIFIC)	·	
AnticleI		
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(Attach additional pages if necessary)	· · · · · · · · · · · · · · · · · · ·	·:
(Attach additional pages if necessary)		·:
f an amendment provides for exchange, reclassification, or cancella	tion of issued shares,	provisions
or implementing the amendment if not contained in the amendment		
	,	• •
	· · · · · · · · · · · · · · · · · · ·	

(continued)

The date of each amendment(s) adoption: December 17,2003		
Effective date, if <u>applicable</u> : January 1, 2004 (no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval by(voting group)	,	
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Signed this 17th day of December , 2003	+ 15+	
Signature Atron	. ·	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
Stephen C. Franzblau O.D.		
(Typed or printed name of person signing)	•	
Director/President (Title of person signing)	2 - 20-	