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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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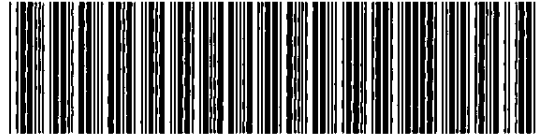
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 12 PM 3:47

G. MCLEOD

MAY 13 2008

EXAMINER



FILING TRANSMITTAL FORM

TO: DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
CLIFTON BUILDING
2661 EXECUTIVE VENTER CIRCLE
TALLAHASSEE, FLORIDA 32301

FROM: JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 973-542-0300 OR 800-300-5067
FAX: 973-542-0313
EMAIL: JCASWELL@CCSLEGAL.COM

DATE: April 23, 2008

RE: EYEMED VISION CARE LLC

REFERENCE: 15582C

PLEASE FILE/SUBMIT THE ATTACHED:

XXX Change of Agent
XXX Check Attached

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

File Stamped Copy ----- PLEASE RETURN IN THE STAMPED SELF -ADDRESSED,
PREPAID ENVELOPE... THANK YOU...

SEND VIA: Regular Mail ----- IN THE ENVELOPE PROVIDED

SEND TO: Me _____ CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
ATT: JOANNE CASWELL

SPECIAL INSTRUCTIONS:

PLEASE FILE IMMEDIATELY UPON RECEIPT AND RETURN EVIDENCE OF
SUCH FILING TO THE ATTENTION OF THE ABOVE SIGNED IN THE
ENVELOPE PROVIDED..... IF YOU HAVE ANY QUESTIONS, PLEASE DO
NOT HEISTATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER:
800-300-5067.....THANK YOU....!!!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EyeMed Vision Care 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:

Joanne Caswell
(Name of Person)

Continental Corporate Services, Inc.
(Firm/Company)

189 Franklin Avenue, Suite 1
(Address)

Nutley, NJ 07110
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Caswell, Vice President at (800) 300-5067
(Name of Person) (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 608.416 or 608.508, 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. The name of the limited liability company is: EyeMed Vision Care LLC.
2. The mailing address of the limited liability company is : _____.

August 7, 2001
3. Date of filing/registration in Florida

M01000001774
4. Document number

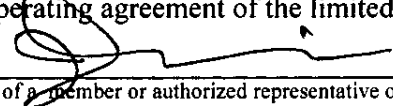
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

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)

Jack S. Dennis, Vice President
(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 608, 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.
NRAI Services, Inc.


(Signature of Registered Agent)

Dawn Caldwell, Asst. Secy

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

FILED
08 MAY 12 PM 3:47
SECRETARY OF STATE
DIVISION OF CORPORATION