M04000002720

	(Requestor's Name)	
	(Address)	
	,	
	(Address)	
	(Audress)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT I	MAIL
	(Business Entity Name)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
	_ -	1
Special Instructions to	Filing Officer:	
	J. HO. OCT 19	RNE
		1145
	OCT 14	2022
		4023

Office Use Only



300416972333





CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	070532	8296666	
	AUTHORIZATION	:	(Forth		
	COST LIMIT	:	\$ 25.00	Cena,	
ORDER DATE :	October 17, 2023				
ORDER TIME :	10:18 AM				
ORDER NO. :	070532-015				
CUSTOMER NO:	8296666				
	-				
CHANGE OF AGENT					
NAME:	EYE CARE AND FT LAUDERDALE			OF	
		,			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG:	
CERTIE YEAR					
CONTACT PERSON	N: Eyliena Baker				

EXAMINER'S INITIALS:

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.

.				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2540 N.E. NINTH STREET		7300 CO	RPORATE CENTER DRIVE SUITE 501
	FORT LAUDERDALE, FL 33304		MIAMI, F	L 33126
	07/12/2004		M0400000	02720
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)	ARAN, FERNANDO S			
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	la Dept. of Stat	
	ARAN CORREA & GUARCH, P.A.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	_
	2100 SALZEDO STREET SUITE 303			
	CORAL GABLES	 L33134		-
	, F	L		- 3
(b)				
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	2300518 1315:55
	Corporation Service Company			
	NEW Registered Office Address:			$\sim S_{S}$
	1201 Hays Street			- <i>'</i> ,
	Tallet	00004		
	Tallahassee F	L_32301		_
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laste authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability c of the lii	red office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	or the opposition		yllis Oppenh	eim, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to ac e perforn ed for in hereby c	t in this cape nance of my o Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	Drace Tokuble			
	re of Registered Agent		ice Company	

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