

M11601004586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT 11 2011

EXAMINER



500213095675

RECEIVED

11 OCT 11 AM 10:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 OCT 11 AM 11:04



CORPORATION SERVICE COMPANY

ACCOUNT NO. 8 120000000195

REFERENCE 8 941088 5033774

AUTHORIZATION 8

COST LIMIT

[Handwritten signature]

ORDER DATE : October 11, 2011

ORDER TIME : 10:22 AM

ORDER NO. : 941088-005

CUSTOMER NO: 5033774

CHANGE OF AGENCY

NAME: EMMETROPE OPTICAL MICS, LLC

PLEASE RETURN THE FOLLOWING AS PER OFFICE OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 11 AM 11:04

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. Name of the limited liability company: Emmetrop Ophthalmics, LLC

2. (a) Principal office address of limited liability company: 560 Vittorio Avenue
(Note: **MUST BE STREET ADDRESS**) Coral Gables, FL 33146

(b) Mailing address of limited liability company: 560 Vittorio Avenue
(Note: **MAY BE POST OFFICE BOX**) Coral Gables, FL 33146

September 13, 2011
3. Date of filing/registration in Florida

5. (a) Registered Agent and Registered Office is now on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the law of the State of Florida, that after the change or changes are made, the Florida street address 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 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.

By: Steven Leischner, CFO
(Signature of a member or authorized representative of a member)

Steven Leischner
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper 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.

By: [Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6300, Tallahassee, FL 32314
FILED FEB 25 2011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 25 11 11:04

OR REGISTERED AGENT OR BOTH FOR COMPANY

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.

Ophthalmics, LLC
560 Vittorio Avenue
Coral Gables, FL 33146

560 Vittorio Avenue
Coral Gables, FL 33146

111000004586
Document number

records of the Florida Dept. of State:

T Corporation System
200 South Pine Island Road
Plantation, FL 33324

Registered Office address:

Jeffrey Goldberg
560 Vittorio Avenue
Coral Gables, FL 33146

If the limited liability company is not organized under the law of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address 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 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.

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper 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.

By: [Signature]
(Signature of Registered Agent)