

M110000004770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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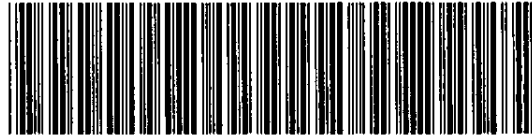
(Business Entity Name)

(Document Number)

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FEB 20 2013
J. BRYAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2013

ERIKA JACKSON
THE LASIK VISION INSTITUTE, LLC
2000 PALM BEACH LAKES BLVD., STE 800
WEST PALM BEACH, FL 33409

SUBJECT: THE LASIK VISION INSTITUTE, LLC
Ref. Number: M11000004770

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TALLAHASSEE, FLORIDA

We have received your document for THE LASIK VISION INSTITUTE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 613A00003035

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The LASIK Vision Institute, 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:

Erika Jackson
Name of Person

The LASIK Vision Institute, LLC
Firm/Company

2000 Palm Beach Lakes Blvd, Ste 800
Address

West Palm Beach, Florida 33409
City/State and Zip Code

ejackson@Hvi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Jackson at (561) 965-9110 x 2095
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

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TALLAHASSEE, FLORIDA

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: The LASIK Vision Institute, LLC

2. (a) Principal office address of limited liability company: 2000 Palm Beach Lakes Blvd
Suite 800
West Palm Beach, FL 33409
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2000 Palm Beach Lakes Blvd
Suite 800
West Palm Beach, FL 33409
(Note: MAY BE POST OFFICE BOX)

9/22/2011
3. Date of filing/registration in Florida

M11000004770
4. Document number

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

Registered Agent: Matthew Zifony

Registered Office Address: c/o Tripp Scott
110 SE 6th St, 15th Floor
Fort Lauderdale, FL 33301

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

NEW Registered Agent: Erika Jackson

NEW Registered Office Address: 2000 Palm Beach Lakes Blvd
Suite 800
West Palm Beach, FL 33409
(MUST BE FLORIDA STREET ADDRESS)

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.

Ben Cook CEO
Signature of a member or authorized representative of a member

Ben Cook
Printed or typed name of signer

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.

Erika Jackson
Signature of Registered Agent

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