

M14300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

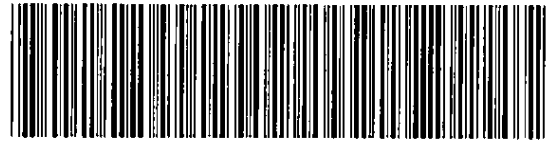
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 31 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 31 AM 11:49

RA/RO/chg

APR 01 2022

ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 551390 8296666
AUTHORIZATION : *[Signature]*
COST LIMIT : \$35.00

ORDER DATE : March 15, 2022
ORDER TIME : 4:21 PM
ORDER NO. : 551390-010
CUSTOMER NO: 8296666

CHANGE OF AGENT

NAME: SOUTH FLORIDA VISION
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

[Signature]

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SOUTH FLORIDA VISION SERVICES, INC.
- 2. The principal office address: 2900 W. CYPRESS CREEK RD 4 FORT LAUDERDALE, FL 33309
- 3. The mailing address (if different): 7300 Corporate Center Drive, Suite 501, Miami, FL 33126
- 4. Date of incorporation/qualification: 04/23/1985 Document number: M14300
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COPPOLA, PATRICE M.
2900 W. CYPRESS CREEK
FORT LAUDERDALE, FL 33309

2022 MAR 31 AM 10:16
 SECRETARY OF STATE
 TALLAHASSEE, FL

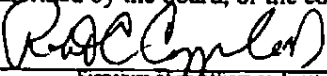
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

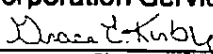
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Robert Coppola President
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
 3/30/2022
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)