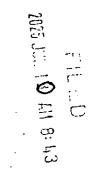
M59327

(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:
J. HORNE
J. HORNE JUL 1 1 2025

Office Use Only



500453931265



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>07/09/2025</u>	**WALK IN*
ENTITY NAME Class	sic Optical Laboratories, Inc
DOCUMENT NUMBE	ER
	PLEASE FILE THE ATTACHED AND RETURN
<u>xxxxxxxxx</u>	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:
-	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DESTINA	ATTON
NUMBER OF CERTIFIC	PATES REQUESTED
TOTAL OWED \$ 35.0	00 ACCOUNT # 120160000072 W: \
Please call Tina at	the above number for any issues or concerns. Thank you so much!

COVER LETTER

Amendment Section Division of Corporations

1 8 m

TO:

SUBJECT: Classic Optical Laboratories, Inc. Name of Corporation	
DOCUMENT NUMBER: M59327	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Susic Merkel	
Name of Contact Person	
Firm/Company	
13555 Stemmons Freeway	
Address	
Dallas, TX 75234	
City/State and Zip Code	
eoalegal@essilorusa.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
Susie Merkel	at (972)352-3693 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
	the corporation: Classic Optical Lab		
2. The principal	office address: 3710 BELMONT A	VENUE	-
YOUNGSTOW?			
3. The mailing a	ddress (if different): EOA LEGAL	, 13555 N. STEMMONS FRWYDALLAS, TX 75234	1
		Document number: M59327	
	I street address of the current regist tment of State: (If resigned, enter i	tered agent and registered office on file with the resigned)	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	D	
	PLANTATION, FL 33324		77
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	2025 JU. 10
	NRAI Services, Inc.		0
	1200 South Pine Island Road	· ·	MI 8: 14
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		· · · · · · · ·
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	red agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	50
Marston		Michael Mott, Secretary	
ž.	re of an officer or director	Printed or typed name and title	
I further agree of of my duties, an document is bei	to comply with the provisions of a d I am familiar with and accept to glied merely to reflect a chang is been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complete pe he obligation of my position as registered agent, e in the registered office address, I hereby confir hange.	erformance Or, if this on that the
Jöänne C	aswell Digitally signed by Joanne Caswell Date: 2025.07.09 14:32:28 -05'00'	07/09/2025	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		

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

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

Ву: