

M81178

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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01 MAY 24 AM 10:59

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

COHEN'S FASHION OPTICAL OF TREASURE COAST, INC.

2001 MAY 24 PM 1:10

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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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COHEN'S FASHION OPTICAL OF TREASURE COAST, INC.

2. The mailing address of the corporation: 1500 HEMPSTEAD TPK
EAST MEADOW, NY 11554

3. Date of incorporation/qualification: May 17, 1988 Document number: M81178

4. The name and address of the current registered agent and registered office:
Capital Connections

417 E. Virginia Street, Ste 1

Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
BlumbergExcelsior Corporate Services, Inc.

4435 Old Winter Garden Road

Orlando, FL 32811

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.

X
(Signature of an officer, chairman or vice chairman of the board)

Alan Cohen Secretary

(Printed or typed name and title)

5/16/01
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

5-23-01
(Date)

If signing on behalf of an entity:

JOSE M. FICA
(Typed or Printed Name)

ASST. SECY.
(Capacity)

Blumberg Excelsior, Inc.
62 White Street
New York, NY 10013

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

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DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314