Ø10002/0007

## Division of Corporations Electronic Filing Cover Sheet

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(((H19000355844 3))) •



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN EYE HEALTH OF FORT MEYERS, INC.

Certificate of Status	θ
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Electronic Filing Menu Corporate Filing Menu

Help

C. GOLDEN

DEC 1 2 2019

# Please see attached revised Aling Thanks!

December 11, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EYE HEALTH OF FORT MEYERS, INC. 6091 S POINTE BLVD

FT MYERS, FL 33919US

SUBJECT: EYE HEALTH OF FORT MEYERS, INC.

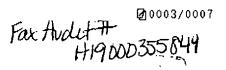
REF: M89532

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

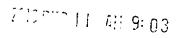
Please remove "ARTICLES OF AMENDMENT OF EYE HEALTH OF FORT MEYERS, INC." and entitle the document "EXHIBIT A".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H19000355844 Letter Number: 219A00025123



#### Articles of Amendment to Articles of Incorporation of



EYEREA	ALTH OF FORT MEYERS, INC.
(Name of Corporate	ion as currently filed with the Florida Dept. of State)
	M89532
(Опси	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the c abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS AND ADDRESS AND ADDRESS ADDRES	
The second of th	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the Loffice address:
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sia	nature of New Revistered Avent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V- Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	enc <u>s</u>		
<u>X</u> Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	Title		<u> Митс</u>	•	Address
1) Change		_			
Add	; `.	. •			
2) Change					
Add					
Romovo					
3 ) Change		_			
Add					
Remove					
4) Change	<u></u>	<del></del>			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, If necessary).	(Be specific)
SEE ATTACHED EXHIBIT "A".	
	, in the second
	<u> </u>
· .	
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	unge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
SEE ATTACHED EXHIBIT "A"	
- SEE ATTACHED EXHIBIT A	

#### EXHIBIT "A"

The Article regarding the Shares of the Corporation is deleted and the following is inserted in lieu thereof:

### **ARTICLE THREE:**

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is one thousand, twenty (1,020) shares of Common Stock, of which three hundred six (306) share shall be voting and seven hundred fourteen (714) shares shall be non-voting, all having no par value per share.

J:\Q\Quigley, Thomas\Eye Health of Fort Meyers, Inc. (F).)\Recapitalization\Attachment to Amendment Ia.wpd:chg\*jmp 12/11/19

The date of each amondment(s) adoption: if other	er than th
date this document was signed.	
Effective date if applicable: December 10, 2019	_
(n) more than 90 days after amendment file date)	
Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be indocument's effective date on the Department of Sixts's records.	ned as th
Adoption of Amendment(s) (CHEC & ONE)	
The smendment(s) was/were adopted by the shareholders. The number of votes cost for the amountment(s) by the shareholders was/were sufficient for appr )val.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be reparately provided for each voting group entitled to vote separately on the amendment(s):	
The number of votes cast for the amendm int(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The smendment(s) was/were adopted by the linex reporators without shareholder action and shareholder action was not required.	
Dated December 10, 2019	
Signature	
(By a director, presider t or other officer - if directors or officers have not/seen	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
THOMAS A. QUICLEY MI	
	_
(Typied or printed name of person signing)	
Prosident	
(Title of person signing)	_

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