

M89532

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EYE HEALTH OF FORT MEYERS, INC.**

Certificate of Status	0
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2019 DEC 11 AM 9:03

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Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

DEC 12 2019

Please see attached revised
Ailing 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

RECEIVED
2019 DEC 11 PM 4:14

Fax Audit #
H19000355844Articles of Amendment
to
Articles of Incorporation
of

2019 DEC 11 AM 9:03

EYE HEALTH OF FORT MEYERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

M89532

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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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. (FL)\Recapitalization\Attachment to Amendment.1a.wpd
:chg*jmp 12/11/19

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The date of each amendment(s) adoption: _____ If other than the date this document was signed.

Effective date if applicable: December 10, 2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(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 amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated December 10, 2019

Signature _____

(By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

THOMAS A. QUIGLEY, JR.

(Typed or printed name of person signing)

President

(Title of person signing)