

10/21/2020

Division of Corporations

Florida Department of State
Division of Corporations
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**REGISTERED AGENT CHANGE
STROBIS GLAUCOMA FOUNDATION, INC.**

Certificate of Status	0
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10/19/2020 MON 9:52 FAX

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OCT-16-2020 12:41 From:Paul E. Ghougasian 561 391 4766

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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, 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: Sirobis Glaucoma Foundation, Inc.
2. The principal office address: c/o John A. Sirobis, M.D., P.A. at 880 NW 13th Street, Boca Raton, FL 33486
3. The mailing address (if different): _____
4. Date of Incorporation/qualification: 05/15/2002 Document number: N02000003785
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)

Peter S. Sirobis, Esq.980 N. Federal Highway, Suite 402Boca Raton, FL 33432

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

Peter S. Sirobis, Esq.2300 Glades Road, Suite 270WP.O. Box NOT acceptableBoca Raton, FL 33431

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.

[Signature]
Signature of an officer or director

John A. Sirobis, MD, PD

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.

[Signature]
Signature of Registered Agent

10/16/20

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

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