

N14000005559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

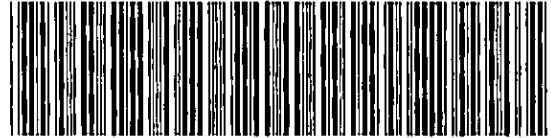
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 21 AM 17
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

rec- 2/9/19

CHARLES LARGEN
3685 ARIEL CT
JACKSONVILLE, FL 32277

SUBJECT: ARLINGTON EYE CLINIC INC.
Ref. Number: N14000005559

We have received your document for ARLINGTON EYE CLINIC INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise page 3, and 4 of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 019A00002566

20190209 14:12:13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARLINGTON EYE CLINIC INC.

DOCUMENT NUMBER: NI4000005559

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES LARGEN

(Name of Contact Person)

ARLINGTON EYE CLINIC INC.

(Firm/ Company)

3685 ARIEL CT.

(Address)

JACKSONVILLE, FLORIDA 32277

(City/ State and Zip Code)

cdlorgen+eyes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES LARGEN

904-631-7529

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☒ \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status Certified Copy
(Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation of

ARLINGTON EYE CLINIC INC.

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

N14000005559

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

6161 ARLINGTON EXPRESSWAY

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32211

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6161 ARLINGTON EXPRESSWAY

JACKSONVILLE, FL 32211

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:

New Registered Office Address:

(Florida street 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
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1) <input type="checkbox"/> Change <u>P</u>		<u>TOMMY DOVER</u>	6027 GREENBERRY LANE
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☐ X Add

☐ Remove

2) <input type="checkbox"/> Change <u>V</u>		<u>CHARLES LARGEN</u>	3685 ARIEL COURT
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☐ X Add

☐ Remove

3) <input type="checkbox"/> Change <u>T</u>		<u>KEN LARGEN</u>	1109 NIGHTINGALE ROAD
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☐ X Add

☐ Remove

4) <input type="checkbox"/> Change <u>S</u>		<u>JO ANN LARGEN</u>	3685 ARIEL COURT
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☐ X Add

☐ Remove

5) <input type="checkbox"/> Change <u>P</u>		<u>PETER VARGAS</u>	
---	--	---------------------	--

☐ Add

☒ ~~Remove~~

6) Change ~~ADD - TONY ESPOSITO~~
 Add
~~X~~ Remove

7) Change SVP TONY ESPOSITO
 Add
 X Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ADD TO 2.01 Purpose – Arlington Eye Clinic is organized exclusively for charitable, religious, educational and scientific purposes,
including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section
501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ADD to 2.02 Powers - Notwithstanding any other provision of these articles, this organization shall not carry on any activities not
permitted to be carried
on by an organization exempt from Federal income tax under section 505(c)(3) of the Internal Revenue Code or the corresponding
provision of any future United States Internal Revenue law.

ADD TO 2.03 (C) Distribution Upon Dissolution: Upon the dissolution of the Arlington Eye Clinic Inc. assets shall be
Distributed for one or more exempt purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code, or
Corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or
Local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent
Jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes
or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for
such purposes.