

P00000047257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

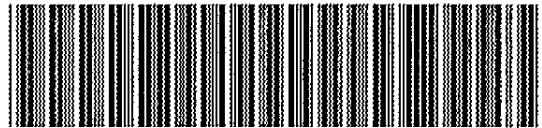
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000035225880

05/04/04--01007--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 MAY -3 AM 11:37

Amendment & Name Change
LFT
5-10-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amendment to Articles of Incorporation

DOCUMENT NUMBER: P000 000 47257

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

Please return all correspondence concerning this matter to the following:

Cristina Piseu Sicoia

(Name of Person)

The VisionCare Family, Inc.

(Name of Firm/ Company)

1017 NE 10 ST Hallandale, FL

(Address)

Hallandale / FL / 33009

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Cristina Sicoia

(Name of Person)

at (954) 456-1606

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATION
2004 MAY -3 AM 11:37

Cristina P. Davis O.D., P.A.

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

P000 000 47 257

(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:

NEW CORPORATE NAME (if changing):

The VisionCare Family, Inc.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article V - Registered Office and Agent
and Principle Office - Cristina
Piseu Sicoia OD, 1017 NE 10 ST,
Hallandale, FL, 33009

Article VI - Board of Directors - Cristina Piseu
Sicoia OD, 1017 NE 10 ST, Hallandale,
FL, 33009

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 4-30-04

Effective date if applicable: 4-30-04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signed this 30th day of April, 2004.

Signature Cristina P. Sicoia
(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)

Cristina P. Sicoia
(Typed or printed name of person signing)

President / Shareholder
(Title of person signing)

FILING FEE: \$35