

09-03-11, 08:27 AM, # 2
P00000072829

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : EDWARDS COHEN
Account Number : I20080000011
Phone : (904) 633-7979
Fax Number : (904) 633-9026

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
LEVENSON EYE ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

PA address change
8/3/11
8/3/2011

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: LEVENSON EYE ASSOCIATES, INC.
2. The principal office address: 751 Oak Street, Suite 200, Jacksonville, FL 32204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/31/2000 Document number: P00000072829
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)

EDCOLAW, INC.

6 East Bay Street, Ste. 500

Jacksonville, FL 32202

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

EDCOLAW, INC.

200 West Forsyth Street, Suite 1300

P.O. Box NOT acceptable

Jacksonville, FL 32202

FILED
 2011 AUG -3 AM 11:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

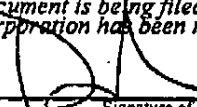
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

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 of Registered Agent

8/2/11
Date

If signing on behalf of an entity:

David Cohen

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
CR2E045 (8/05)