## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE FLORIDA VISION OPTIQUE, INC.

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C MCNAIR

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of clu	ange is submitted for a corp	1502, 617.0502, 607.1508, or 617.1508. Florid pration organized under the laws of the State of fice or registered agent, or both, in the State of	f Florida
1. The name of	the corporation: FLORIDA V	ISION OPTIQUE, INC.	
		ONTEREY ROAD SUITE 103 STUART, FL 3499	
3. The mailing a	address (if different): 2727 N.	HARWOOD STREET SUITE 350 DALLAS, T.	X 75201
4. Date of incorp	poration/qualification: 12/2	Document number: P02000	1133764
5. The name and		t registered agent and registered office on file	
	Jack S Daubert Dr.	• ,	
	1050 S.E. MONTEREY ROA	AD SUITE 104 STUART, FL 34994	- - 7. 22
			1019 F
6. The name and (if changed):	street address of the new re-	gistered agent (if changed) and /or registered of	MASSANIA MAS
	C T Corporation System		
,		1200 South Pine Island Road	4: 43 Slave Lores
	Plantation, Florida 33324	P.O. Box NOT acceptable	- ω
The street address as changed will be	ss of its registered office and	d the street address of the business office of i	ts registered agent,
		uly adopted by its board of directors or by an has been notified in writing of the change.	
A Comment		MATTHEW FOGLIA, SECRET	'ARY
_	of an officer or director	Printed or typed name and ti	
hereby accept to further agree to performance of n agent. Or, if this vereby confirm to	he appointment as registere comply with the provisions ny duties, and I am familiar document is being filed me hat the corporation has beet	ed agent and agree to act in this capacity, is of all statutes relative to the proper and con with and accept the obligation of my position rely to reflect a change in the registered officen notified in writing of this change.	aplete n as registered ce address, I
Stillia bic x		01/22/2019	
Stephanie	Hoelun, Service Manager	Date	<del></del>
•			
f signing on beha	alf of an entity:		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)