

P04000168382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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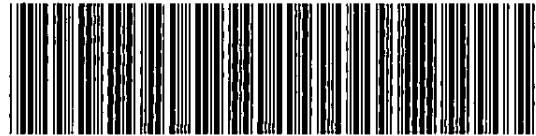
(Business Entity Name)

(Document Number)

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2009 APR 17 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
4/22/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LENS SUPERSTORE, INC. +

DOCUMENT NUMBER: P04000168382

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

Please return all correspondence concerning this matter to the following:

JOEL BRESIL
(Name of Contact Person)

LENS SUPERSTORE, INC.
(Firm/ Company)

2200 LAKE IDA ROAD
(Address)

DELRAY BEACH, FL 33445
(City/ State and Zip Code)

For further information concerning this matter, please call:

JOEL BRESIL at (561) 266-5777
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LENS SUPERSTORE, INC.

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

P04000168382

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

JOEL BRESIL

2200 LAKE IDA ROAD

DELRAY BEACH, FL 33445

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2200 LAKE IDA ROAD

DELRAY BEACH, FL 33445

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:

JOEL BRESIL

2200 LAKE IDA ROAD

New Registered Office Address:

(Florida street address)

DELRAY BEACH

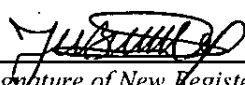
(City)

Florida 33445

(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

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TALLAHASSEE, FLORIDA

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|--|
| P | JOEL BRESIL | 2309 S E 3RD STREET APT 107 BOYNTON BEACH, FL 33435 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| P | ISELIDE SANON | 2200 LAKE IDA ROAD DELRAY BEACH, FL 33445 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VP | THORIANNE JEAN | 2309 S E 3RD STREET APT 107 BOYNTON BEACH, FL 33435 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 04/15/2009

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 04/15/2009

Signature 
(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)

JOEL BRESIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)