

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

GULF COAST OPTOMETRY, INC.

REGISTERED AGENT CHANGE

<u> </u>	
Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Corporate Filing Menu

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Help

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floringe is submitted for a corporation organized under the laws of the State to change its registered office or registered agent, or both, in the State	of Florid	this a	
1. The name of the	ne corporation: GULF COAST OPTOMETRY, INC.			
2. The principal of Coral, FL	office address: 1918 Del Prado Boulevard, Attn: Kevin C	i. Brooks	, Cape	
3. The mailing at Myers, FI	ddress (if different): 13291 Hampton Park Ct., Attn: Kevin	G. Broo	ks, For	1
	oration/qualification: 07-01-2005 Document number: P0	50000942	274	
5. The name and Florida Depart	street address of the current registered agent and registered office on file tment of State:	e with the		
	Brooks, Kevin			e e
	13291 Hampton Park Ct.	_ Z ∽	2006	
	Fort Myers, FL 33913	L AE	19 AU	7
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered Corporation Service Company	TARY OF	2009 AUG 24 AH	
	1201 Hays Street	STA	بغ	
	(P.O. Box NOT acceptable) Tallahassee, FL 32301		45	
The street address changed will	ss of its registered office and the street address of the business office be identical.	of its regis	tered age	:nt,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change are of un other or ductor) Printed or typed name	y an office	T 80	
I hereby accept I further agree to of my duties, an document is bein corporation has - CONDOIAT	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I have been notified in writing of this change.	_	performa t. Or, if irm that	nce this the
By: Y	inature of Registered Agent) (Date)	09		
If signing on be	Kevin G. Brooks, G.B. ASSL ASSLANDONS, Shina us falled			