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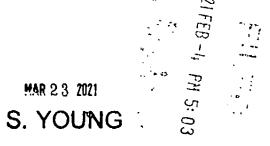
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(2000)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

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02/04/21--01019--002 **35.00





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: February 2, 2021

Order#: 642650/040

Re: PROFESSIONAL EYECARE CONSULTANTS, P.A.

Enclosed please find:

XX____ Change of Registered Agent and Office.

XX Check in the amount of 535.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of $\frac{FL}{FL}$ registered agent, or both, in the State of Flor		
1. The name of t	he corporation: PROFESSIONAL E	EYECARE CONSULTANTS, P.A.		
	office address: 3601 SW 160th Ave			
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 01/26/2006	Document number: P06000012	186	
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with tesigned)	he	
	CT CORPORATION SYSTEM			
	1200 S. PINE ISLAND ROAD			
	PLANTATION, FL 33324			
6. The name and street address of the new registered (if changed):		d agent (if changed) and /or registered office	- · · ·	2021 FEB -1,
	Corporation Service Company		•	<u>:-</u>
	1201 Hays Street		. * *	PH
	Tallahassee	PO Box NOT acceptable FL 32301		5: 03
The street addre	ess of its registered office and the s be identical.	street address of the business office of its re	gistered	agent,
Such change wa authorized by th	is authorized by resolution duly ad le board, or the corporation has be	lopted by its board of directors or by an off on notified in writing of the change.	icer so	
Dr. Stephe	n Houghton	Stephen Houghton	dr	
I hereby accept I further agree of of my duties, an document is bei corporation has	o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	Printed or typed name and title ont and agree to act in this capacity. It statutes relative to the proper and complete obligation of my position as registered as in the registered office address, I hereby cange.	te perfor zent. Or onfirm il	mance if this iat the
·	n Servicé Company (02/01/2021		
Sig	નિર્જાણ nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President ped or Printed Name			
	* * * FILAN	G FEE: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)