

P07000117788

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

From:  
Account Name : GREENBERG TRAURIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 650-7900  
Fax Number : (561) 655-6222

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REGISTERED AGENT CHANGE

FLORIDA LOW VISION SOLUTIONS, INC.

Certificate of Status	0
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6. Certificate JAN 07 2008

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11:46AM FROM-Greenberg Traurig, P.A.

T-432 P.002/002 F-625

**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: Florida Low Vision Solutions, Inc.
2. The principal office address: 4700 NW 2nd Avenue, Suite 401, Boca Raton, FL 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/24/07 Document number: P07000117788
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Lisa Bensmihen

4700 NW 2nd Avenue, Suite 404

Boca Raton, FL 33434

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

Lisa Bensmihen

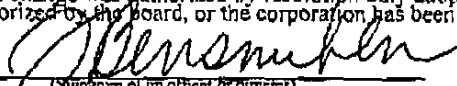
4700 NW 2nd Avenue, Suite 401

(P.O. Box NOT acceptable)

Boca Raton, FL 33431

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.

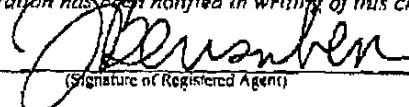


(Signature of an officer or director)

President

(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)

1/8/08

(Date)

If signing on behalf of an entity:

(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)

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