

P 09434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

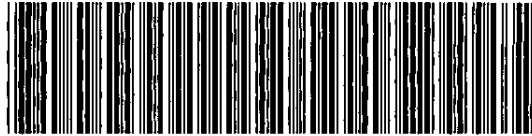
(Business Entity Name)

(Document Number)

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FILED  
08 MAY 19 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## FILING TRANSMITTAL FORM

**TO:** DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
CLIFTON BUILDING  
2661 EXECUTIVE VENTER CIRCLE  
TALLAHASSEE, FLORIDA 32301

**FROM:** JOANNE CASWELL - CONTINENTAL CORPORATE SERVICES, INC.  
189 FRANKLIN AVENUE, SUITE 1  
NUTLEY, NJ 07110  
PHONE: 973-542-0300 OR 800-300-5067  
FAX: 973-542-0313  
EMAIL: [JCASWELL@CCSLEGAL.COM](mailto:JCASWELL@CCSLEGAL.COM)

**DATE:** May 6, 2008

**RE:** PEARLE VISION, INC.

**REFERENCE:** 15582C

**PLEASE FILE/SUBMIT THE ATTACHED:**

**XXX** Change of Agent  
**XXX** Check Attached

**PLEASE OBTAIN THE FOLLOWING EVIDENCE:**

File Stamped Copy ----- PLEASE RETURN IN THE STAMPED SELF -ADDRESSED,  
PREPAID ENVELOPE... THANK YOU...

**SEND VIA:** Regular Mail ----- IN THE ENVELOPE PROVIDED

**SEND TO:** Me \_\_\_\_\_ CONTINENTAL CORPORATE SERVICES, INC.  
189 FRANKLIN AVENUE, SUITE 1  
NUTLEY, NJ 07110  
ATT: JOANNE CASWELL

**SPECIAL INSTRUCTIONS:**

PLEASE FILE IMMEDIATELY UPON RECEIPT AND RETURN EVIDENCE OF  
SUCH FILING TO THE ATTENTION OF THE ABOVE SIGNED IN THE  
ENVELOPE PROVIDED..... IF YOU HAVE ANY QUESTIONS, PLEASE DO  
NOT HESITATE TO CALL ME AT THE FOLLOWING TOLL-FREE NUMBER:  
800-300-5067.....THANK YOU...!!!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pearle Vision, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09434

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Caswell  
(Name of Contact Person)

Continental Corporate Services, Inc.  
(Firm/Company)

189 Franklin Avenue, Suite 1  
(Address)

Nutley, NJ 07110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Caswell at ( 800 ) 300-5067  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pearle Vision, Inc.
2. The principal office address: 4000 LUXOTTICA PL, MASON OH 45040-8114
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1-21-86/3-18-86 Document number: P09434
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

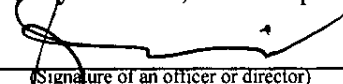
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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**TALLAHASSEE, FLORIDA**

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)

Jack S. Dennis, Vice 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)

5-5-08  
(Date)

If signing on behalf of an entity:

Joanne Caswell, Vice President  
(Typed or Printed Name)

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