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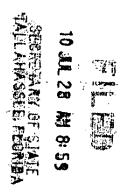
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Amena C.COULLIETTE JUL 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

•		
NAME OF CORPORATION:	IMPERIAL VISION CENTER	-
DOCUMENT NUMBER:	110000046534	-
The enclosed Articles of Amendment	nt and fee are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
DR. RAD	Name of Contact Person	
IMPER	PIAL MSION CENTER Firm/Company	
5065	Wiles Pd # 2000	
Cocon	City/ State and Zip Code	
E-mail addre	ss: (to be used for future annual report notification)	
For further information concerning t	this matter, please call:	
Name of Contact Person	at (954) 8737163 Area Code & Daytime Telephone Number	
Enclosed is a check for the following	g amount made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Certificate of	Status Certified Copy Certificate of S (Additional copy is enclosed) Certified Copy	Status
Mailing Address	Street Address	•
Amendment Section	Amendment Section	•
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee FI 32314	2661 Evecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IMPERIAL VISION CENTER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1000046534
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SCOON Creek FL 33073
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: New Registered Office Address: (Florida street address)
THE TOTAL STILL CONTROL MANAGED.
, Florida
(City) (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.

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The date of each amendment(s) adoption:	- 07	-23-10	•	
	_	(date of adoptio	n is required)		
Effective date if applicable: _		days after amend	23-1.0		
-	(no more than 90	days after amend	lment file date)		
Adoption of Amendment(s)	(CHE	CK ONE)			
The amendment(s) was/were by the shareholders was/were			number of votes c	ast for the amend	iment(s)
The amendment(s) was/were must be separately provided					
"The number of votes ca	ast for the amend	ment(s) was/were	sufficient for appr	oval	
by ¹			"		
by *(voting group)	*			
action was not required. The amendment(s) was/were action was not required.	adopted by the i	ncorporators with	out shareholder ac	tion and shareho	lder
Dated	2-23-0				
select		orator – if in the h	r – if directors or o ands of a receiver,		
	PARUE	- MONO	LIEFFE e of person signing		
	(Тур	ed or printed nam	e of person signing	5) .	
	Presi	dent.			
• • • •	(Title of	person signing)		•	