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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: _ EYECAPE IN BREVARD, INC DOCUMENT NUMBER: _____P 1600086894 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eyecare In Brevard, Inc 3200 N. WICKHAM RD, SYITE MELBOURNE, FL 32935
City/State and Zip Code eyecareinbrevardeyahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DR. ANNE GREGAS at (321) 253-3550

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

EYECARE IN BREVARD,				
(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)		
P16000086894				
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the	followin	g amen	dment(s) t
A. If amending name, enter the new name of the corporation:				
N/A			TI	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o" A professional corporation non	or the a	_The bbrevia contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	<u> </u>	 .	_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA	The Arg	Min GCT	
D. If amonding the waits at the second		1 10 10 10 10 10 10 10 10 10 10 10 10 10	10	_ [1]
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	(A)	# ##	
Name of New Registered Agent NIA			60	
(Florida street	A			
New Registered Office Address:	(iy) Florida_	(Zip C	ode)	_
		(- <i>z</i> , <i>p</i> C	/	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the po	sition.		
NIA				
Signature of New Regi	stered Avent if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	P	ANNE M T	EATHER	3200 N. WKKHAM RUAD,
Add			-	SUITE 1
Remove			-	MELBOURNE, FL 32935
2) Change	7	THOMAS C	TEATHER :	3200 N WICKHAM ROAD
_X Add			-	SUITE 1
Remove			-	MELBOURNE, FL 32935
3) Change				
Add			-	
Remove				
4) Change				
Add			-	
Remove			-	
5) Change				
Add			-	
Remove			-	
6) Change				
Add			-	
Remove				

A	al sheets, if necessary).	(Be specific)			
	1/A				
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	nt provides for an eycha	nge, reclassification	ı, or cancellation of	issued shares,	
f an amendme	provides for an exema		ned in the amendme	nt itself:	
<u>provisions</u> for	implementing the amen-	dment if not contain	ned in the amending		
provisions for (if not app	implementing the amendicable, indicate N/A)	dment if not contain	ned in the amendate	<u></u>	
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The date of each amendment(s) adoption:	09/01/17	, if other than the
late this document was signed.		· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requirements, tate's records.	this date will not be listed as the
Adoption of Amendment(s) (CHF	ECK ONE)	
The amendment(s) was/were adopted by the si by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amenoproval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment(
	lment(s) was/were sufficient for approval	
by	ng group)	
_	oard of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareho	lder
Dated	2017	
Dated	The	
(By a director, presid	dent or other officer – if directors or officers have no porator – if in the hands of a receiver, trustee, or oth by that fiduciary)	
1	THOMAS C TEATHER 'yped or printed name of person signing)	
(7)	'yped or printed name of person signing)	- · · · · · · · · · · · · · · · · · · ·
	PRESIDENT (Title of person signing)	
	(Title of person signing)	