

PAI 0000 80748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 22 2025

Office Use Only



000454182410

2025 JUL 21 PM 9:50

FILED

2025 JUL 21 AM 10:40

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7956

REQUEST DATE 07/21/2025

PRIORITY Routine

OUR REF # (Order ID# CATHRYNE

ORDER ENTITY

WALNUT VISION CARE FL, P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

WALNUT VISION CARE FL, P.A.

File the attached change of agent filing.

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WALNUT VISION CARE FL. P.A.
Name of Corporation

DOCUMENT NUMBER: P21000080748

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:

Erica Bridges

Name of Contact Person

WALNUT VISION CARE FL. P.A.

Firm/Company

3101 PGA Blvd B-135

Address

Palm Beach Gardens , FL 33410-2820

City/State and Zip Code

notices@discern.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: WALNUT VISION CARE FL. P.A.
2. The principal office address: 3101 PGA Blvd B-135 Palm Beach Gardens, FL 33410-2820
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/13/2021 Document number: P21000080748
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

Discern Registered Agent LLC

1540 Glenway Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

/s/ Erica Bridges

Signature of an officer or director

Erica Bridges, 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.*

/s/ Simon Moschou

Signature of Registered Agent

7/18/2025

Date

If signing on behalf of an entity:

Simon Moschou

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 (04/13)

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2025 JUL 21 AM 9:50