

P21000097522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

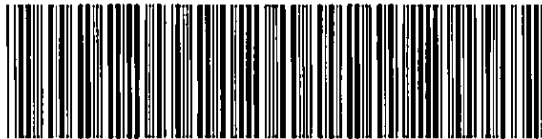
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400380236404

FILED

2022 FEB 11 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 FEB 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature

FEB 14 2022
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EyeCare Physicians of Florida, P.A.
Name of Corporation

DOCUMENT NUMBER: P21000097522

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:

Eileen C. Downes
Name of Contact Person
Katten Muchin Rosenman LLP
Firm/Company
525 W. Monroe St. Ste. 1900
Address
Chicago, IL 60661
City/State and Zip Code

compliance@csGLOBAL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen C. Downes at (312) 577-8215
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: EyeCare Physicians of Florida, P.A.

2. The principal office address: 1911 N. Mills Avenue, Orlando, FL 32803

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/17/2021 Document number: P21000097522

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)

John T. Lehr
1911 N. Mills Avenue
Orlando, FL 32803

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

P.O. Box NOT acceptable

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]
Signature of an officer or director

John T. Lehr, 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]
Assistant Vice President
Signature of Registered Agent

02/11/2022
Date

If signing on behalf of an entity:

Corporation Service Company
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)

2022 FEB 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED