

P34937

(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:

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to 9/15/04



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08/03/04--01017--002 **35.00

FILED
04 AUG 26 PM 2:40
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 6, 2004

DOROTHY M. CIPOLLA
LASERSIGHT INCORPORATED
6848 STAPOINT CT.
WINTER PARK, FL 32792

SUBJECT: LASERSIGHT INCORPORATED
Ref. Number: P34937

We have received your document for LASERSIGHT INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

* A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 404A00049089

RECEIVED
04 AUG 26
DIVISION OF

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Laser Sight Incorporated
(Name of corporation)

DOCUMENT NUMBER: P 34937

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:

Dorothy M. Cipolla
(Name of contact person)

Laser Sight Incorporated
(Firm/Company)

6848 Stapoint Ct,
(Address)

Winter Park, FL 32792
(City/state and zip code)

For further information concerning this matter, please call:

Dorothy M. Cipolla at (407) 678-9900 x117
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Laser Sight Incorporated
2. The principal office address: 6848 Stapoint Court
Winter Park, FL 32792
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/31/91 Document number: P34937

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

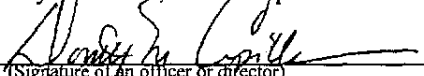
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Danghui ("DAVID") Liu
~~Laser Sight Incorporated~~
6848 Stapoint Court
(P.O. Box NOT acceptable)
Winter Park, FL 32792

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FLORIDA DEPARTMENT OF STATE

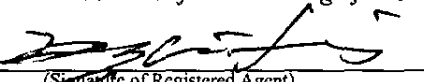
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Dorothy M Cipolla, Secretary
(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)

8/17/04
(Date)

If signing on behalf of an entity:

Danghui ("DAVID") Liu, CEO
(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