

P93000068595

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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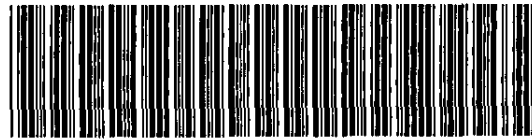
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R.A.

MAY 30 2012

T. BROWN

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EYE DOCTORS OPTICAL OUTLET OF PINELLAS, PA  
Name of Corporation

DOCUMENT NUMBER: P9300000 68595

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:

SHERYLE BAINE  
Name of Contact Person

EYE DOCTORS OPTICAL OUTLET PA.  
Firm/Company

5607 JOHNS ROAD  
Address

TAMPA, FL 33634  
City/State and Zip Code

sbaine@opticaloutlets.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERYLE BAINE at ( 813 ) 885-3937  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: EYE DOCTORS OPTICAL OUTLET OF PINELLAS, P.A.  
2. The principal office address: 5607 JOHNS ROAD  
TAMPA, FL 33634  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/01/93 Document number: P930000 68595

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)

LOPEZ, Kelly & Bible P.A.  
4100 W. Kennedy Blvd, Suite 114  
TAMPA, FL 33609

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

SHERYLE Baine  
5607 JOHNS ROAD  
TAMPA, FL 33634

P.O. Box NOT acceptable

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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

Robert LEWENSON, 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.

Sheryle Baine  
Signature of Registered Agent

5/18/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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