Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

L-Phone

Owtax Number

: (850)878-5368

REGISTERED AGENT CHANGE

VISIONWORKS, INC.

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Corporate Filing Menu

8/11/2009

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		617.0502, 607.1508, or 617.1508, Flori	
		n organized under the laws of the State r registered agent, or both, in the State :	
	f the corporation: Visionworks, Inc.	•	
2 The princing	al office address. C/O EYE CAR	E CTRS OF AMERICA, ACCTS I	PAY
11103 WE	EST AVENUESAN ANTONIC	TX 78213	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 1/27/1994	Document number; P9400	0007211
	nd street address of the current regin artment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	CAPITOL CORPORATE SERVI	CES, INC.	Nadistrice - And
	155 OFFICE PLAZA DR.		
	TALLAHASSEE, FL 32301		—
6. The name ar (if changed):		red agent (if changed) and /or registered	TARY OF
	сто	orporation System	F.F.
	c/o C T Corporation Sy	stem, 1200 South Pine Island Road	SA 5
	(P.O. Box NOT	·	3m
		tion, Florida 33324	
The street add as changed wi	ress of its registered office and the identical.	e street address of the business office	of its registered agent,
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by been notified in writing of the change	y an officer so
- Z. O.	sture of sa cittoes or difector)	Edward A Bittmer	Jr. Secretary
V	of the appointment as registered a e to comply with the provisions of and I and familiar with and accept eing filed merely to reflect a chan as been notified in writing of this CT Corporation System	igent and agree to act in this capacity, all statutes relative to the proper and the obligation of my position as registered office address, I have change.	complete performance tered agent. Or, if this tereby confirm that the
By:	Signature of Wagastered Agent)	8-10-09 (Date)	
If signing on t	behalf of an entity: Samantha Jones Assistant Secretary	_	
	(Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)