

CAPITOL CORPORATE SERVICES, INC.

P94000007750

October 25, 2000



FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314 900003445149--3 -10/30/00--01156--011 *****35.00 *****35.00

Attn: Corporate Filing Dept.

Re: VISIONWORKS PROPERTIES, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 6403 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

ROTA Charge

Thank you,

Delanie Case

Defaine Case

enclosures

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,	
the undersigned corporation organized under the laws of the State of Florida	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida. 1. The name of the corporation is: VISIONWORKS PROPERTIES, INC.	
1. The hanc of the corporation is.	i
2. The mailing address of the corporation is: 1/103 West Ave.	.2.5
San Antonio, TX 78213	•-
3. Date of incorporation/qualification: February 1, 1994 Document number: P94000007750	
4. The name and address of the current registered agent and office:	
NRAI Services, Inc.	*
526 East Park Avenue	-
Tallahassee, FL 32301	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Capitol Corporate Services, Inc.	-
1333 North Duval Street	
Tallahassee, FL 32303	
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.	:
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Doug Shepard UIP Controller (Printed or typed name and title)	. a per a
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
Oldanie Capitol Corporate Services, Inc. 10.24.00	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Delanie Case Assistant Secretary (Typed or Printed Name) (Capacity)	· ;
(Typod of Atmost Name)	
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS