

P94000072394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

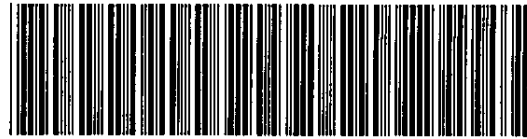
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE  
AND  
FILED

C. LEWIS

JUN 17 2014

EXAMINER

check #5987

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PriVID Eye Systems Corporation

Name of Corporation

**DOCUMENT NUMBER:** P94000070394

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:

Michael Spring

Name of Contact Person

PriVID Eye Systems Corp.

Firm/Company

3300 Corporate Avenue, Suite 116

Address

Weston, FL 33331

City/State and Zip Code

LSpring66@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Sattler

Name of Contact Person

at ( 954 ) 581-1756

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: PriVID Eye Systems Corporation
2. The principal office address: 3300 Corporate Avenue, Suite 116, Weston, FL 33331
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/23/1994 Document number: P94000070394
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)

Michael Spring

4061 SW 47TH Avenue

Fort Lauderdale, FL 33314

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

Michael Spring

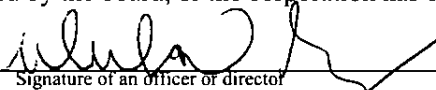
3300 Corporate Avenue, Suite 116

P.O. Box NOT acceptable

Weston, FL 33331

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

Michael Spring, 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 of Registered Agent

June 3, 2014

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

CR2E045 (03/12)

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA