

P950000 22249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

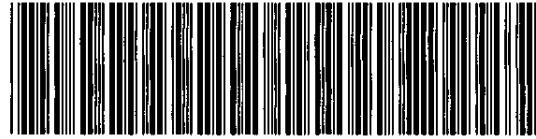
(Business Entity Name)

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Malave, Erin

From: Scott Marsh [scott@prosthetic-eye.com]
Sent: Wednesday, May 05, 2010 3:03 PM
To: CorpAddressChange
Subject: Request for address change

I am requesting that our PRINCIPAL address be changed.

DOCUMENT # P95000022249 
FEI/EIN Number 650580048

**SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.
950 NW 9TH CT.
BOCA RATON, FL. 33486**

Please let me know if you have any further questions.

Sincerely,
Scott Marsh, Administrator
SNG Labs/ Prosthetic Eye Institute
P. 561-391-7099
F. 561-392-1039