P96000080180

ALCON MISS OF THE STATE OF THE Jose A. Nunez, M.D. _ 3941 Palmarito St. Coral Gable, Fl 33134 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS -Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS RA Chg. QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. The name of the corporation is: |
| 9, 1 |
| 1b. The mailing address of the corporation is: 3941 Palmanto St 3941 Palmanto St 33134 |
| 1c. Date of Incorporation: Sht 25 1994 Document number: 296000080180 |
| 2. The name and address of the current registered agent and office: |
| 1308 Salzedo St |
| Coul Gables Pl 33134 |
| - Com (06/6/6) 11 33/134 |
| |
| 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) |
| Address ONLY - 394/ 1/a hugrito Sit |
| Coral Gables R33134 |
| |
| 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. |
| so admonzed by the board. |
| (Signature of an officer, chairman or vice chairman or the board) (Date) |
| |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointment as registered agent and agree to actin this capacity if 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. |
| 1/2/57 |
| (Signature of Registered Agent) |
| If signing on behalf of an entity: |
| Jon A Nonez MD PA Prosident |
| (Typed or Printed Name) (Capacing) |
| Division of Corporations, P.O. Box 8327 Tallabaseco Ft 32214 |