

P97000074287

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

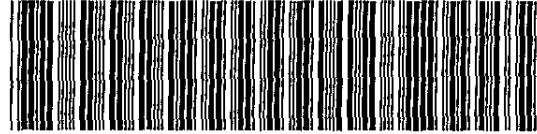
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04 SEP 20 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED  
DEC 9/27

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: C.E.C. EYEWEAR, INC.

DOCUMENT NUMBER: P97000074287

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

W.C. KLEIN  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

935 N. BENEVA Rd., Ste. 609-26  
(Address)

SARASOTA, FL. 34232  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

W.C. KLEIN at ( 941 ) 378-9362  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
04 SEP 20 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C E C EYEWEAR, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P97000074287

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

AMEND MAILING ADDRESS AS FOLLOWS:

OLD ADDRESS: P.O. BOX 3319

SARASOTA, FL. 34230

NEW ADDRESS: 935 N. BENEVA RD.

STE. 609-26

SARASOTA, FL. 34232

REGISTERED AGENT IS CHANGED TO W. C. KLEIN

935 N. BENEVA RD, #609-26, SARASOTA, FL 34232

(Attach additional pages if necessary)

(PER ATTACHED)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: September 13, 2004

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 13<sup>th</sup> day of SEPTEMBER 2004.

Signature ✓ [Signature]  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

W.C. KLEIN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

FILING FEE: \$35

**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: C.E.C. EYEWEAR, INC.
2. The principal office address: 935 N. BENEVA Rd., Ste 609-26  
SARASOTA, FL 34232
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8-25-1997 Document number: P97000074287
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FAMIGLIA, GEORGE V JR.  
1634 MAIN ST.  
SARASOTA, FL 34236

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

W.C. KLEIN  
935 N. BENEVA Rd., Ste. 609-26  
(P.O. Box NOT acceptable)  
SARASOTA, FL 34232

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)

W.C. KLEIN PRES.  
(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)

✓ 9-13-2007  
(Date)

If signing on behalf of an entity:

W.C. KLEIN  
(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