P9800012298

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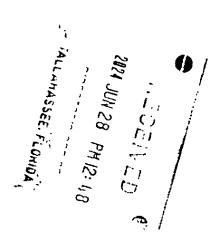
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ROBIN GELLER	SHORROCK, O.D., P.A.	
DOCUMENT N	P98000022298		
The enclosed Arti	icles of Amendment and fee are st	abmitted for filing.	
Please return all e	orrespondence concerning this ma	atter to the following:	
	Kristen King Jaiven		
		Name of Contact Person	n
	Kristen King Jaiven, Lawy	er, PLLC	
		Firm/ Company	
	418 SW 11th Street		
		Address	
	Fort Lauderdale, FL 33315	5	
		City/ State and Zip Cod	e
	kristen@kkjlawyer.com		
	T	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	407	. 590-9686
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
	ck for the following amount made		, i
S35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2024 JUN 28 PM 12 11

ROBIN GELLER SHORROCK, O.D., P.A.

			<u> </u>	. •
	of Corporation as currently	filed with the Florida D	ept. of State)	
P98000022298			•	
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Fi	orida Profit Corporation	adopts the following amend	iment(s) to
A. If amending name, enter the new n	ame of the corporation:			
East Side Vision Center PA			The 1	n.a
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	${\it Corp}, "$ " ${\it Inc}, "$ ${\it or}$ " ${\it Co}$ ". ${\it A}$	mpany," or "incorporate professional corporation	d" or the abbreviation "Cort	D "
B. Enter new principal office address, (Principal office address MUST BE A S			· ·	_
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent as	OFFICE BOX) nd/or registered office addre	ss in Florida, enter the i	name of the	
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent	Michelle D. Jhagroo			
	211 South Federal Highwa	ıy		
	(Florida stree	t address)		
New Registered Office Address:	Pompano Beach		Florida 33062	
	(0	Yty)	(Zip Code)	_
New Registered Agent's Signature, if of thereby accept the appointment as regis	seredjagens. I am familiar wi	th and accept the obligation of the control of the		
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.		
		/, -		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,

Example:		глин, эт из ин жаа.	2000, 1 1 us a
X Change	<u>PT</u> <u></u>	<u>Iohn Doc</u>	
X Remove	<u>v</u> <u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PTD	SHORROCK, ROBIN G	211 SOUTH FEDERAL HIGHWA
Add X Remove			POMPANO BEACH, FL 33062
2) Change	PTD	Michelle D. Jhagroo	211 SOUTH FEDERAL HIGHWA
Add			POMPANO BEACH, FL 33062
Remove			
Remove 4) Change			
Add Remove			
5) Change Add			
Remove			
の Change			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	
		
	- "	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
<u>rovisions for implementing</u> the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_

•

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	nmendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	wing statement nent(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
June 14 Dated Signature	160	
se co	eted, by an incorporator - if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	or other court
	Michelle D. Jhagroo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	