Musa Holdings, Inc dba Eyeglass World

CORPORATE OFFICE

September 19, 2000

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

Dears Sirs/Madame:

Attached are changes of Registered Agent for the following companies:

Musa Holdings, Inc. Vision Select, Inc. Southwest Medical Leasing, LLC The Laser Vision Institute, LLC Musa Construction, LLC Eyeglass World Express "A", Inc. Equity Real Estate, LLC ■Related Partners, Inc. Musa Realty Group, LC

Machand Please call me at 561-965-9110 Ext. 2012 if you have any questions.

Sincerely,

Nancy Steffey Assistant to CFO

2 2000

3801 South Congress Avenue

Lake Worth, Florida 33461

Telephone (561) 965-9110

Email eyeglswld1@aol.com

Facsimile (561) 642-9308

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the fo	llowing statement in c	ized under the laws of t order to change its reg	re state of istered office or regi	stered agent, or both, in
the State of Fla	orida.	//	//	
1. The name of	f the corporation is:	Kelate	ed fartne	ers, Inc.
2 The mailing	address of the corpor	3701	5 10 10	ngress Avenue
	address of the corpor	Lake	North,	rgress Huenue FL 33461
3. Date of inco	orporation/qualification	on: <i>3/24/98</i>	Document numb	per: #380800 274
4. The name ar	nd address of the curre	ent registered agent and	office:	SEP FI
		les D. Ba	·	ET 25 SSE
	_	Native L		
5 The name on	fa/m	Beach Bu	rdens, FL:	3346 18 =
. The name an		registered agent and off		
		outheast 6	<del></del>	
	Fort	Lauderda!	e, FL 33:	30/
The street addregent, as chang	ess of its registered or ed, will be identical.	ffice and the street add	ress of the business of	office of its registered
uch change wanted by the	as authorized by reso	lution duly adopted by	its board of directors	s or by an officer so
	of an officer, chairman or vi			9/11/00
(Digitalia)	or an orncer, channian or vi	ce chairman of the board)	_	(Date)
	(Printed or typed name			·
aving been na prporation, I h further agree i erformance of gistered agen	med as registered ag ereby accept the app to comply with the pr my duties, and I am f t.	ent and to accept servi ointment as registered ovisions of all statutes familiar with and accep	ce of process for the agent and agree to a relative to the prope of the obligation of n	above stated act in this capacity. or and complete ory position as
70	gnature of Pegistard A		8/3//00	
signing on behalf	gnature of Registered Agen of an entity:	z I from	(Date)	
	yped or Printed Name)			TOINEU

\* \* \* FILING FEE: \$35.00 \* \* \*