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Account Number : 075350000353

Phone

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## REGISTERED AGENT CHANGE

STERLING VISION OF ORLANDO, INC.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2000

STERLING VISION OF ORLANDO, INC. 1500 HEMPSTEAD TURNPIKE EAST MEADOW, NY 11554

SUBJECT: STERLING VISION OF ORLANDO, INC.

REF: P98000062098

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The second page of the document CORPORATE APPOINTMENT should be kept with the records of the corporation. Please retain this page in your office and return the document for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6906.

Darlene Connell Corporate Specialist

FAX Aud. #: H00000044079 Letter Number: 700A00045034

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

Pursuant to the provisions of section the undersigned corporation organically and the control of	ons 607.0502, 617.05 ized under the laws of	502, 607.1508, ar 617.1 The State ofELOPDIA	508, Florida Statutes,
submits the following statement in a the State of Florida.	order to change its re	gistered office or registe	red agent, or both, in
1. The name of the corporation is:	STERLING	VISION OF ORLANDO	O, INC.
			<u> </u>
2. The mailing address of the corpora	ation is: 1500 HE	EMPSTEAD TURNPIK	E, E. MEADOW, 115
3. Date of incorporation/qualificatio	n: 7/14/98	Dogument	700000000000
4. The name and address of the curre	nt registered agent an	d office:	P98000062098
CORPORATION	SERVICE COMPAN	Y	
<u>1201 HAYS ST.</u>			# <u>2</u> 8
TALLAHASSEE	FL 32301	· · · · · · · · · · · · · · · · · · ·	FG E
5. The name and address of the new r	egistered agent and of	fice: (P. O. Box Not Ac	ceptable N
		TE SERVICES, INC.	ceptable 3
<u>4435 OLD WINTE</u>	ER GARDEN ROAD		四年 皇
ORLANDO, FLOR			22 <del>5</del>
The street address of its registered of agent, as changed, will be identical.	fice and the street add	dress of the business off	ice of its registered
Such change was authorized by resol authorized by the board.	ution duly adopted by	its board of directors o	r by an officer so
	100	ワ	- ( = 6M
(Signature of an officer, chairman or vice	e chairman of the board)		Date)
Jose MeJir A (Printed or typed name)	ASST SECY	<u> </u>	
Having been named as registered age corporation, I hereby accept the appoint further agree to comply with the properformance of my duties, and I am for registered agent.	mt and to accept serv intment as registered wisions of all statutes uniliar with and,acce	ice of process for the ab agent and agree to act relative to the proper a pt the obligation of my	oove stated in this capacity. ind complete position as
_	-M-2		
(Signature of Registered Ager)		(Date)	- 60
If signing on behalf of an entity:		(-2.5)	
JOSE MOJICA, ASST, SECY.			
(Typed or Printed Name)		(Capacity)	
	FILING FEE: \$35.	00 * * *	
CR2E045(7/97) DIVISION OF CORPORATIONS			
GEXCELSIOR	P.O. Box 6327	TALLAHANSEE, FL. 323	314

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