## P980000015524

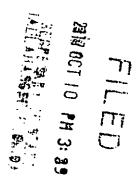
(Re	questor's Name)	
(Add	dress)	
- (Ado	dress)	<del></del>
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





200304247722

10/10/17--01013--015 \*\*35.00



A) UCAC

OCT 1 0 2017
I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

enter II, Inc.		
ubmitted for filing.		
atter to the following:		
Name of Contact Person	n	
c.		
Firm/ Company	<del></del>	
Address		
11447400		
City/ State and Zin Cod	p	
Chy blace and hip con-	•	
sed for future annual report	notification)	
se call:		
954	344-3937	
Name of Contact Person at (954 ) 344-3937  Area Code & Daytime Telephor		
navable to the Florida Dena	urtment of State:	
payable to the Florida Dept		
□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Street	Address	
Amendment Section		
Divisio	n of Corporations	
	Building	
	Address  City/ State and Zip Codessed for future annual report as call:  at (954 Area Co payable to the Florida Depayable to the Florida Depayable to the Florida Depayable Certified Copy (Additional copy is enclosed)  Street Amend	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Eye Site Vision Center II, Inc.						
(Name of Corporati	on as currently	filed with the Florid	a Dept. of State	)		
Eye Site Vision Center II, Inc.						
(Docum	nent Number of	Corporation (if know	1)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this I	Florida Profit Corpord	ution adopts the f	ollowing	g amend	lment(s) to
A. If amending name, enter the new name of the co	orporation:					
					The n	tew
name must be distinguishable and contain the wor. "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "C	Co". A professional c			- bbreviat	ion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		<del></del>				-
						_
						_
C. Enter new mailing address, if applicable:				-1	5~2	
(Mailing address MAY BE A POST OFFICE BO	<u>(X</u> )			(#* (#)	200	_
				10 AM	<b>9</b> CT	
				¥,==		_ [
D. If amending the registered agent and/or register	red office addr	ess in Florida, enter t	he name of the	<b>:</b>		П
new registered agent and/or the new registered			ne name or the	en ·	ည	$\bigcirc$
Name_of New Registered Agent					CS)	
				73-	_	
	(Florida stre	et address)				
New Registered Office Address:			, Florida_			_
	(	City)		(Zip C	ode)	
New Registered Agent's Signature, if changing Reg	istered Agent:					
I hereby accept the appointment as registered agent.		ith and accept the obl	igations of the po	sition.		
·						
Signo	ature of New Re	egistered Agent, if cha	nging			

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(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. President, Treasurer, Director would be PTD.

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, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VM	Tawnie Goberville	2490 N Federal Hwy
Add X Remove			Lighthouse Point, FL 33064
2) Change			
Add Remove			
3) Change			
Add			-
4) Change			
Add			
51 Change			
Add		•	
6) Change			
Add			

Attach <i>additional s</i>	ding additional Art heets, if necessary).	(Be specific)	<del></del>		
		·			
	•				
; tax					
<del></del> ·					
,,,,					
		<del></del> -			
	<del></del>				
	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·	-	·	
f an amendment	provides for an excl	hange, reclassifica	tion, or cancellation	of issued shares,	
(if not applica	plementing the ame thle, indicate N/A)	endment if not con	tained in the amend	dment (tself:	
<del></del>		· · · · · · · · · · · · · · · · · · ·			
·					
··					<del></del>

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
date this document was signed.	• •	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendment(s) r approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	·	
(1	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
09/20/2017 Dated	Hole Ide	
selected, by an in	esident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
Dr. Gary	Goberville, O.D.	
	(Typed or printed name of person signing)	
President	Owner Preseded	
	(Title of person signing)	