

P 99000016574

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

REGISTERED AGENT CHANGE

COHEN'S FASHION OPTICAL OF BOYNTON, INC.

Certificate of Status	0
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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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: COHEN'S FASHION OPTICAL OF BOYNTON, INC.

2. The mailing address of the corporation is: 1500 HEMPSTEAD TURNPIKE, EAST MEADOW, NY 11554

3. Date of incorporation/qualification: 2/19/99 Document number: P99000016574

4. The name and address of the current registered agent and office:

NRAI SERVICES, INC.

526 E. PARK AVE.

TALLAHASSEE, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

4435 OLD WINTER GARDEN ROAD

ORLANDO, FL 32811

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Alan Cohen, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

8/10/01

If signing on behalf of an entity:

JOSE MOJICA, ASST. SECY.

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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