DOCUN	MENT#		· ·- ·	Apr 26, 2000 8:00 am
1. Entity Name	•	Ca anth Do	10 nm	Secretary of State
yea	ir & Away, In	ic. Corpanie	190000	04-26-2000 90037 028 ***150.00
Principal Place	of Business	Mailing Address		
Dotomo	stry Office			}
Rearlo Vision Express				720202
2 Principal Pla	aca of Rucinase	3. Mailing Address.		
Voarle Vision Express 3116 Liberti			yst.	
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State	na beach Fi	Daytova ble	ach.Fi	4. FEI Number Applied For Not Applicable
36	Country	32118-6212	Country	5. Certificate of Status Desired
500 50	6. Name and Address of Current F			7. Name and Address of New Registered Agent
Pat	ricia L. Hatha	My, do pour	Name C	due
311	101 berty St.		Street A	ddress (P.O. Box Number is Not Acceptable)
Da	ujtona beach, +	- 32118-631	大	
			City	FL Zip Code
8. The above r	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida.
SIGNATURE _	Tattuattatt	Lawyw!#	·	4-12-00
	Signature, typed or printed name of registered agent a	- Alexandra de la composition della composition	FEE IS \$150.	re required when reinstalling) DATE
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200) Fee will be \$5	50.00 Trust Fund Contribution.
(See criteria	a on back) . OFFICERS AND I	Make Check Payable	to Department	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE		☐ Delete	TITLE	resident Addition &
NAME STREET ADDRESS			NAME STREET ADDRESS	10011010
CITY-ST-ZIP			CITY-ST-ZIP	Daytona Beach, Fr 32118-6212 Ship Change Addition 5
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition ☐
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change [] Addition
TITLE NAME		Delete	NAME	C Ollulas C 74041611
STREET ADDRESS CITY-ST-ZIP	e to the	ليميد بالشبعة دارين	STREET ADDRESS	
TITLE	·	□ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
indicated o	on this report or supplemental report is:	true and accurate and that my	sionature shall h	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director
of the corp changed, o	poration or the receiver or trustee empo or on an attachment with an address, w	wered to execute this report as ith all other like empowered.	required by Cha	oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATI	UPE. Pottacast	Musurante	44	4-12-00
SIGNATI	URE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RINTED NAME OF SIGNING OFFICER OF	· I I	Date Daytime Phone #