

V21639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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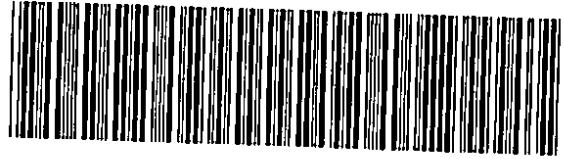
(Business Entity Name)

(Document Number)

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2018 DEC 10 P 4 05  
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T. LEHEUX

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Thayer Eye Care, PA  
Name of Corporation

**DOCUMENT NUMBER:** V21639

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn R. Thayer

Name of Contact Person

Thayer Eye Care, PA

Firm/Company

1816 Tayloe Lane

Address

Lake Placid, FL 33852

City/State and Zip Code

drthayer278@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn R. Thayer

Name of Contact Person

at ( 863 ) 214-4141

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Thayer Eye Care, PA  
2. The principal office address: 1816 Tayloe Lane, Lake Placid, FL 33852

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/02/1992 Document number: V21639

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) \_\_\_\_\_

Glenn R. Thayer

27 US 27 S

Lake Placid, FL 33852

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1816 Tayloe Lane

P.O. Box NOT acceptable

Lake Placid, FL 33852

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, or the corporation has been notified in writing of the change.

Glenn R. Thayer  
Signature of an officer or director

Glenn R. Thayer, President

Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Glenn R. Thayer  
Signature of Registered Agent

12/02/2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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