that my name appears above, or on an attachment with all other like empowered. SIGNATURE: RICHARD PALMA AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Title	MGR	Title	AUTHORIZED MEMBER
Name	ESPINOZA, OLIMAR	Name	PALMA, RICHARD
Address	7901 BISCAYNE BLVD	Address	7901 BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138
Title	AUTHORIZED MEMBER		
Name	VENOKUR, STEPHEN		
Address	7901 BISCAYNE BLVD.		
City-State-Zip:	MIAMI FL 33138		

DOCUMENT# L17000242731

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: BISCAYNE OPTICAL, LLC

Current Principal Place of Business:

7901 BISCAYNE BLVD. MIAMI, FL 33138

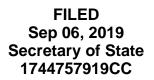
Current Mailing Address:

7901 BISCAYNE BLVD. MIAMI, FL 33138 US

FEI Number: 82-3505029

Name and Address of Current Registered Agent:

CARLSON, DAVID 6405 NW 36TH ST SUITE 116 MIAMI, FL 33166 US



Date

09/06/2019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Date