DOC ID ----> 202406503470

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/06/2024	202406503470	AGENT ADDRESS CHANGE (AGA)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

EVE CENTER INC
PO BOX 36483
CINCINNATI, OH 45236

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

1970535

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EVE CENTER INC

and, that said business records show the filing and recording of:

Document(s)
AGENT ADDRESS CHANGE

Document No(s):
202406503470

Effective Date: 03/05/2024

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of March, A.D. 2024.

Ohio Secretary of State

DOC ID ----> 202406503470

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

RECEIVED
MAR [illegible] 2024

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

OHIO SECRETARY OF STATE

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust(171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- ☒ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust(144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: Eye Center Inc

Charter, License or Registration No.: 1970535

Name of Current Agent: Ginny Roy

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Name of Agent

Mailing Address

City | State: OH | ZIP Code

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Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLC

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____, named herein as the
Name of Agent

statutory agent for _____, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

1033 Grandin Ridge Dr.
Mailing Address

Cincinnati | OH | 45208
City | State | ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City | State | Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable) Cinny Roy

Print Name Cinny Roy

Signature

By (if applicable)

Print Name