## REGISTERED BUSINESS CORPORATION

ID Number: <u>589953</u>

No Filing Fee

		NGE OF REGISTERED OFFICE EGISTERED AGENT
amended, th	ne undersigned registered agent submits	or 7-1.2-1409(d) of the General Laws of Rhode Island, 1956, as the following statement for the purpose of changing the agent's ffice of the corporation named herein to another place within the
1. The nam	e of the corporation is	
Tl	C VISION CENTERS, INC.	
2. The address Secretary	ess of the registered office as PRESENT of State is:	LY shown in the corporate records on file with the Rhode Island
222	2 Jefferson Blvd., Suite 200, Warwick, F	Rhode Island 02888
3. The addre	ess of the NEW registered office is:	
10	Dorrance Street, Suite 530, Providence,	Rhode Island 02903
4. The chang	ge of address of the registered office sha	Il become effective upon the filing of this statement, or on
(a c	date not prior to, nor more than 30 days a	after, filing this statement)
5. A copy of	this Statement has been mailed to the co	orporation.
Date:	2/8/2013	Kathleen Fritz, Vice President
	·	Type or Print Name of Registered Agent
	FILED	Kathleen Fritz
	FEB 1 2 2013	Signature of Registered Agent
	RY	•