<b>Filing</b>	Fee:	\$20.	00
---------------	------	-------	----

ID Number:	67067
------------	-------



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## **BUSINESS CORPORATION**

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 71.1-12 or 71.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1. The name of the corporation is GARDEN CITY EYECARE, INC.	
<ol> <li>The address of the registered office as PRESENTLY shown in the corporate records on file we Secretary of State is:</li> <li>Phenix Avenue, Cranston, Rhode Island 02920</li> </ol>	vith the Rhode Island
3. The address of the NEW registered office is: 362 Broadway, Providence, Rhode Island 02909	117 3 A
4. The name of the registered agent as PRESENTLY shown in the corporate records on file w Secretary of State is: Gregory P. Piccirilli	rith the Rhode Island
5. The name of the NEW registered agent is: Joseph J. Récupero	10000000000000000000000000000000000000
The appointment of a new registered agent and the new registered office, as the case may be, supon the filing of this statement, or on Upon the filing of this Statement (a date not prior to, nor more than 30 days after, fill.)  The change was authorized by resolution duly adopted by its board of directors. [Strike if inapplication 7-1.1-51(1).]	ng this statement)
Date: 4/5/03 GARDEN CITY EYECARE,  Print Corporate Name  By Augu H CLPan	
STATE OF RHODE ISLAND Its President M or Its Vice  COUNTY OF Providence	President -
before me	pregoing document as
Form No. 640 Revised: 08/02  APR 17 2003  Notary Public My Commission Expires:/-5-0	5