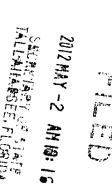
(Requestor's Name)			
(Address)	500234277895		
(Address)	000201277000		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	05/02/1201027019 **35.80		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	201 7-11-1		
	DAHARSE		

Office Use Only



COVER LETTER

Division of C	Corporations					
SUBJECT:		NG SHOP, INC.				
	Name	of Corporation				
DOCUMENT NUM	BER:	G20232				
The enclosed Stateme	ent of Change of Registered C	Office/Agent and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this m	natter to the following:				
		· ·				
		HEN K. KOVAC				
	Name of	f Contact Person				
<u></u>	ART & FRAMING SHOP, INC.					
	Firm	n/Company				
•		E REGION CIR.				
Address						
_		IAVEN, FL 33881				
City/State and Zip Code						
artframi2@verizon.net						
E-mail address: (to be used for future annual report notification)						
For further information	on concerning this matter, ple	ase call:				
GRET	CHEN K. KOVAC	at (863)	607-3789			
	of Contact Person		Paytime Telephone Number			
Enclosed is a \$35.00	check made payable to the De	epartment of State.				
	Mailing Address: Amendment Section	Street Addı Amendmer				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	of_FLORIDA
	the corporation: ART 8 office address: 125 LA		SHOP, INC. R. WINTER HAVEN,	FL 33881
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	1/25/1983	Document number:	G20232
	I street address of the curtiment of State: (If resigne		at and registered office on fil	e with the
	GRETCHEN K. KC	VAC		
	88 4TH ST., NW			2012
	WINTER HAVEN, I	FL 33881		
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or registered	d offices
	125 LAKE REGION			
	WINTER HAVEN, I	P.O. Box NOT ac FL 33881	ceptable	
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,
_			y its board of directors or b ed in writing of the change	
Sufe	hends. Hy	vac	GRETCHEN K. KOVA	AC, PRESIDENT
I hereby accept I further agree to of my duties, an document is bei, corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statute I accept the obliga t a change in the r g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h	complete performance tered agent. Or, if this tereby confirm that the
Drete	Men H. H.	vac	APRIL 28,	2012
If signing on be	half of an entity:		Sac	
Ту	ped or Printed Name			

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