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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Positive Image, LLC (Name	e of Limited Liability Company)	Œ
Dear Sir or Madam:		•
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for	r filing.
Please return all correspondence concernin	g this matter to the following:	
Wendy Brown		
(Name of Person)		
Positive Image, LLC (Firm/Company) (13799 Park Boulevard N., PMB 311		ZUUR JUN 19 A SECRETARY O
(Address)		AMID: 59
Seminole, FL 33776 (City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Wendy Brown	at (727) 348-9544	N. I. A
(Name of Person)	(Area Code & Daytime Telephone	: Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ring amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Co	рру

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIARILITY COMPANY LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Floridă.

Name of the limited liability company: Positive Ima	age, LLC		_ 6
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 11343 142nd Way N. Largo, FL 33774		_ = 5
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13799 Park Boulevard, PMB 3 ^o Seminole, FL 33776		_ Œ _ ₽
07/16/2007 3. Date of filing/registration in Florida	<u>L07000073005</u> 4. Document number		_
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:	
Registered Agent:	Wendy Brown		_
Registered Office Address:	13856 80th Avenue N. Seminole, FL 33776	2008 JUN SICRETALLARIA	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	HRY SSEI	STATE OF THE PARTY
NEW Registered Agent:	Wendy Brown	53 B	_() .
NEW Registered Office Address:	11343 142nd Way N.	: 59 ATE	_
(MUST BE FLORIDA STREET ADDRESS)	Largo	,FL <u>33774</u>	_
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office ase of a Florida limited liability	e and the busi	ness s

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)