

L49672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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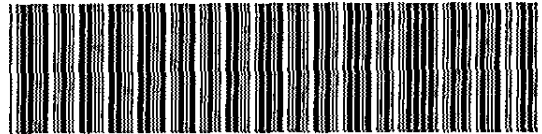
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/19
D. H. H. H.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRIENDS CONNECTION VIDEO INTRODUCTIONS, INC
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELISABETH GRIFFIN
(Name of person)

FRIENDS CONNECTION VIDEO INTRODUCTIONS, INC
(Name of firm/company)

983 - CRANES ROOST BLVD / SUITE 111 (Address)
ALTA MONTE SPRINGS, FL, 32781- (City/state and zip code)
(Formerly 283 N NORTH LAKE RD)

For further information concerning this matter, please call:

ELISABETH GRIFFIN at (407) 592.1420
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
_____ in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: FRIEND'S CONNECTION VIDEO INTRODUCTIONS, INC
2. The principal office address: 283. CRANES ROOST BLVD / Suite 111
ALTAMONTE SPRINGS, FL, 32701
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: ELISABETH GRIFFIN

Old Address 283. N. NORTHLAKE BLVD / Suite 111
ALTAMONTE SPRINGS, FL, 32701

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): ELISABETH GRIFFIN

new Address 283. CRANES ROOST BLVD / Suite 111
(P.O. Box or personal mailbox NOT acceptable)
ALTAMONTE SPRINGS, FL, 32701

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Elisabeth Griffin ELISABETH GRIFFIN
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.

Elisabeth Griffin 8/12/03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Please make change of Address

03 AUG 14 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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