

N97000005847

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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AWhen you need ACCESS to the world≅

 $236\ East\ 6th\ Avenue\$. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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		V	WALK IN
		P	ICK UP: 10/6 Emily
		CERTIFIED COPY	
	abla	РНОТОСОРУ	
		CUS	
	X	FILING	BA resign
1.		Medding and corporate numerand	Event Videographers Association International/n
2.		(CORPORATE NAME AND I	DOCUMENT #)
3.			
		(CORPORATE NAME AND I	DOCUMENT #)
4.		(CORPORATE NAME AND I	DOCUMENT #)
<i>5</i> .		(CORPORATE NAME AND I	OCUMENT #)
6.		(CORPORATE NAME AND I	DOCUMENT #)
SPF	CIA	L INSTRUCTIONS:	

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

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statement of char	nge is submitted for a co	orporation organizea	07.1508, or 617.1508, Fl l under the laws of the Sta l agent, or both, in the Sta	ate of FLORIDA	
	•		: Videographers A I TRAIL #208 SARA	ssociation International SOTA FL 34238	, Inc.
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification:	10/16/1997	_ Document number:	N97000005847	
	street address of the cur tment of State: (If resign		and registered office on	file with the	
	SILBERSTEIN, DA	VID M			į.
	720 SOUTH ORAN	NGE AVENUE			
	SARASOTA FL 34	236		TAKE CO	
6. The name and (if changed):	street address of the nev	w registered agent (if	f changed) and /or registe	S. 2	
	PARACORP INCO	RPORATED			
	236 EAST 6TH AV			5	
	TALLAHASSEE, F	P.O. Box NOT acc L 32303	eptable		
The street address changed will	ss of its registered offic be identical.	e and the street add	ress of the business office	ce of its registered agent,	
_			its board of directors or ed in writing of the chan		
-	of an officer or director	- -	inted or typed har		
I hereby accept in I further agree to of my duties, and document is bein corporation has	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to reflec been notified in writing	istered agent and ag isions of all statutes d accept the obligat et a change in the re g of this change.	gree to act in this capact relative to the proper a ion of my position as re gistered office address,	ty. nd complete performance gistered agent. Or, if this I hereby confirm that the	
111			10/01/2009		
	ature of Registered Agent	-	Date		
If signing on bel	nalf of an entity: Asst. Secretary,	Paracorn Incom	rnorated		
	ped or Printed Name		p0. 4044		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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