

P00000007830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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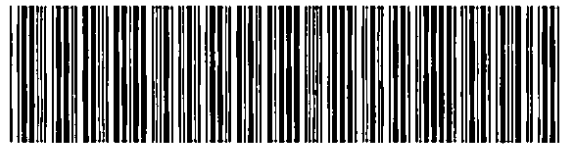
(Business Entity Name)

(Document Number)

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2018 AUG 27 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
AUG 30 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PICTURE PERFECT ART & FRAMES INC.
Name of Corporation

DOCUMENT NUMBER: P00000007830

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:

JAMES MULLIS
Name of Contact Person

PICTURE PERFECT ART & FRAMES INC.
Firm/Company

8767 SW 132 ST.
Address

MIAMI, FL 33176-5924
City/State and Zip Code

PICTUREPERFECT2@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES MULLIS at (305) 378-9199
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PICTURE PERFECT ART & FRAMES INC.
2. The principal office address: 8767 SW 132 ST.
MIAMI, FL 33176-5924
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/18/2000 Document number: P00000007830
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JAMES MULLIS
13611 S. DIXIE HWY. #107
MIAMI, FL 33176

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

JAMES MULLIS
8767 SW 132 ST.
P.O. Box NOT acceptable
MIAMI, FL 33176-5924

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TALLAHASSEE, FL

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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.

[Signature]
Signature of an officer or director

JAMES MULLIS (PRESIDENT)
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.

[Signature]
Signature of Registered Agent

07/25/2018
Date

If signing on behalf of an entity:

JAMES MULLIS
Typed or Printed Name

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