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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	,
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

PhotoWalk.com

TO: Amendment Section Division of Corporations			
SUBJECT: Photowalk.com (Name of corporation)			
DOCUMENT NUMBER: PODD DOD 24882			
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:			
Shown Veine (Name of person)			
(Name of person)			
Photowalk.com (Name of firm/company)			
(Name of firm/company)			
11240 SW 88 St Svite 202			
· · ·			
Miami F1 33176			
(City/state and zip code)			
For further information concerning this matter, please call:			
MARGIE NAVAS at (305) 2799416 (Name of person) (Area code & daytime telephone number)			
(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 Florida in order	
to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Photowalk. com, Inc.	
2. The principal office address: 659 SW Bi Hein Street	
Palm City . F1 34990	
3. The mailing address (if different): 659 Sw Bilkyn St	
Palm lity, F1 34990	
4. Date of incorporation/qualification: 12 99 Document number: 100000024883	2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Ohawn Verne 659 Sw B. Hern St Polyn lety F1 34990 55	
Polin edy F1 34990 85 8	412
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Shawn Veine == 3	
11240 SW 88 St Svike 202	
(P.O. Box or personal mailtox NOT acceptable)	
Miami fl 33176	
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 of an Unicer or director) (Printed or typed hards and title)	E15.
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.	ı
CMH War 7/4/04 (Signature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	