P01000069734

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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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R.A. Change

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TRANSMITTAL LETTER

SUBJECT:_Xtra-In	nages Photograph	ny Inc		
SUBJECT:	ingo i notograpi	(Name of co	orporation	1)
DOCUMENT NUI	ABER: P01000	069734		
The enclosed Staten	nent of Change of	of Registered Off	ice/Agen	t and fee are submitted for filing.
Please return all cor	respondence con	ncerning this mat	ter to the	following:
Cary J Kwiatkowski				
	(Name of perso	on)		
Xtra-Images Photog	aphy Inc			
(1	Name of firm/com	pany)	 -	- · · · · · · · · · · · · · · · · · · ·
6727 1st Avenue So				
	(Address)			-
St. Petersburg, FL 33	3707			
(6	City/state and zip	code)		•
For further informat	ion concerning t	his matter, please	e call:	
Cary J Kwiatkowski		at (<u>7</u>	27	224-8883 k daytime telephone number)
(Nan	ne of person)	(Ar	ea code &	t daytime telephone number)
Enclosed is a \$35.00) check made pa	yable to the Depa	irtment o	f State.
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallabassee FL 323	ions	Street Address Amendment Sec Division of Cor 409 E. Gaines S	ction porations treet	

TO: Amendment Section Division of Corporations

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

Pursuant to the	provisions of sections 607	7.0502, 617	.0502, 607	.1508, or 617.15	08, Florida Statutes,
this statement of	f change is submitted for a c	-	_	•	f the State of or both, in the State
of Florida.	_	_			
1. The name of	the corporation: Xtra-Image	es Photograp	hy, inc.		
2. The principal	office address: 6727 1st A	venue South	- Suite 209	, St. Petersburg, F	L 33707 3 G
3. The mailing a	address (if different):same				SEX
4. Date of incorp	poration/qualification: 07	7/16/01	Do	cument number:	P01000069734 (7)
	d street address of the currer rtment of State:	nt registered	dagent and	registered office	on file with the
	Stacey W Gaeta				·
	5450 2nd Avenue South				
	St. Petersburg, FL 33707	,			
6. The name ar	nd street address of the new	w registered	d agent (if	changed) and /or	r registered office (if
changed):	Dianne P. Kwia	-			
	7217 8th Avenu	eN.			
-	St. Petersburg	r nersonal mailbo	ox NOT acceptal BTIO	ole)	
	ess of its registered office a ed will be identical.				
Such change wa anthorized by the	as authorized by resolution to board, or the corporation			ard of directors overting of the cha	or by an officer so
- //	, chauman or vice chairman of the board	ay 🔼	(Wat Kowsk nted or typed name and to	/
I further agree to performance of registered agen office address, I	the appointment as registe to comply with the provision my duties, and I am familiate. Or, if this document is but hereby confirm that the confirmation that the confi	ons of all sto ar with and	atutes relat Laccept the	ive to the proper obligation of my flect a change in otified in writing	and complete position as
	ignature of Registered Agent)			(Date)	
Dianne 1	P. Kwiatkowski Typed or Printed Name)		Vice f	resident (Capacity)	

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