

PD1000102604

Requester's Name
9581 NW 19th
Sunrise, FL 33322

City/State/Zip Phone #

000008471450--0
-10/21/02--01021--013
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

02 NOV 27 PM 12:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/26/02

Examiner's Initials *T. Lewis*



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 23, 2002

NEW AGE DIGITAL IMAGING INC.
9581 N.W. 19TH PLACE
SUNRISE, FL 33322

SUBJECT: NEW AGE DIGITAL IMAGING INC.
Ref. Number: P01000102604

We have received your document for NEW AGE DIGITAL IMAGING INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 602A00058587

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : New Age Digital Imaging
2. The mailing address of the corporation : 9581 NW 19 Pl
Sunrise, FL 33322
3. Date of incorporation/qualification: 10/23/01 Document number: P01000102604
4. The name and address of the current registered agent and registered office:
NRAI Services, inc.
526 E Park Ave
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Fermard Eloi
9581 NW 19 Pl
Sunrise, FL 33322

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TALLAHASSEE, FLORIDA

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.

Fermard Eloi 11/23/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Fermard Eloi (chairman)
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Fermard Eloi 11/23/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Fermard Eloi
(Typed or Printed Name) (Capacity)

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