## P01000119163

(Da	and the second			
, (Ке	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
<del>_</del>	<del></del>	_		
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
•				
	*** · ·			
Special Instructions to	Filing Officer:			
		ŀ		

Office Use Only



400143855594

02/23/09--01014--020 \*\*35.00

O9 FEB 23 PN 2: 36
SEURETARY OF STATE
THE CONTROL OF STATE FLORIDA

Jacon Jacon

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Image Plus Promos, Inc (Name of Corpo	ration)			
DOCUMENT NUMBER: P01000119163				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the	he following:			
Craig Rollins				
(Name of Contact Person)				
Image Plus Promos, Inc (Firm/Company)				
·				
5150 Palm Valley Rd, Suite 204				
(Address)				
Ponte Vedra Beach, FL 32082 (City/State and Zip Code)				
For further information concerning this matter, please call:	p code)			
To futue information concerning this matter, please can.				
Craig Rollins at	( <u>904</u> ) <u>280-5877</u> (Area Code & Daytime Telephone Number)			
(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	Street Address:			
Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S a organized under the laws of the State of $\underline{\mathbf{F}}$ registered agent, or both, in the State of F	lorida
1. The name of	the corporation: Image Plus Pr	romos, Inc	
2. The principa	l office address: 5150 Palm Val	lley Rd, Suite 204, Ponte Vedra Be	each, FL 32082
3. The mailing	address (if different):		
4. Date of incom	poration/qualification:	Document number: P01000	)119163
	nd street address of the current register artment of State: (If resigned, enter a	tered agent and registered office on file wit resigned)	th the
	CorpDirect Agents, Inc		_
	P O Box 38413		_
	Tallahassee, FL 32315		
6. The name an (if changed):	2	. ed agent (if changed) and /or registered off	FI 09 FEB 2 SECKETA ALLAHAS
	Craig Rollins, c/o Image Pl	lus Promos, Inc	SEE O
	5150 Palm Valley Rd, Suit		FSI 7:
	Ponte Vedra Beach, FL 3		AIR 36
The street addr	ress of its registered office and the	e street address of the business office of it	ts registered agent,
		adopted by its board of directors or by an been notified in writing of the change.	
(Signe	ature of an officer or director)	Craig Rollins, Pre	
I hereby accept further agree of my duties, a document is be corpordion he	of the appointment as registered as to comply with the provisions of and I am familiar with and accept sing filed merely to reflect a changes been notified in writing of this company to the company of	gent and agree to act in this capacity. all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I here change.	
_ (NC	Signature of Registered Agent)	2/19/0 (Date)	7
	pehalf of an entity:	, ,	
	(Typed or Printed Name)	_	

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