## POZ 000058912

(Re	questor's Name)			
(Address)				
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,				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MA1L		
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(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO:	Amendn Division	nent Section of Corporations	
SUBJ	ECT:	Jonesing Pictures, Inc. (Name of Co	rporation)
DOCE	IMENT N	UMBER: P02000058912	
The en	closed Sta	tement of Change of Registered Office	Agent and fee are submitted for filing.
Please	return all	correspondence concerning this matter	to the following:
		Jeffrey R. Fuller (Name of Con	tact Person)
		Brasfield, Fuller, & F (Firm/Cor	reeman, P.A. npany)
		2553 First Avenue Nort (Addre	
		St. Petersburg, FL (City/State and	
For fur	ther infor	mation concerning this matter, please ca	all:
j	Jeffrey	R. Fuller	at (727 ) 327–2258
	(1	Name of Contact Person)	at (727 ) 327–2258 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$3:	5.00 check made payable to the Departn	nent 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2007

JEFFREY R. FULLER BRASFIELD, FULLER & FREEMAN, P.A. 2553 FIRST AVENUE NORTH ST. PETERSBURG, FL. 33713

SUBJECT: JONESING PICTURES, INC.

Ref. Number: P02000058912

We have received your document for JONESING PICTURES, 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):

The registered agent must sign accepting the designation.

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: 507A00058126

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OF 12 AM 8: 00

TETARY OF STATE
AHASSEE, FLORID

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR 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: <u>Jonesing Pictures</u> , <u>Inc.</u>
2. The principal office address: 2553 First Ave. North, St. Petersburg, FL 33713
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/28/02 Document number: P02000058912
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Chris Fuller
4502 Jouster Court, #306
Orlando, FL 32817
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jeffrey R. Fuller
2553 First Ave. North (P.O. Box NOT acceptable)
St. Petersburg, FL 33713
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.
Chris Fuller
(Signature of an officer or director) (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 of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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