## PU200060490

	-
(Requestor's I	Vame)
	·
(Address)	
~	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP W	AIT MAIL
•	
(Business Ent	ity Name)
(Document Number)	
Certified Copies Cert	ificates of Status
	modelo or <u>o</u> ardo
Special Instructions to Filing Offic	er.
<u> </u>	



100078936871

08/30/06--01029--015 \*\*35.00

FILED

06 AUG 30 PH 2: 2

SECRETARY OF STATE
TALL MIASSEE, FLOWD)

Office Use Only

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Perfect Projections, Inc. (Name of Corporation)	
DOCUMENT NUMBER: P02000060490	
The enclosed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
G. Alan Howard, Esq. (Name of Contact Person)	
Milam Howard Nicandri Dees & Gillam, P.A (Firm/Company)	<u>.                                    </u>
14 East Bay Street (Address)	
Jacksonville, FL 32202 (City/State and Zip Code)	
For further information concerning this matter, please call:	
G. Alan Howard at (904 (Name of Contact Person) (Area C	357-3660 ode & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Amendment Section Am Division of Corporations Div P.O. Box 6327 Clif Tallahassee, FL 32314 266	eet Address: endment Section ision of Corporations fron Building I Executive Center Circle lahassee, FL 32301

## 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.
The name of the corporation; Perfect Projections, Inc.
2. The principal office address: 121 NE 92nd Avenue, Miami, FL 33138
3. The mailing address (if different): Post Office Box 370652, Miami, FL 33137
4. Date of incorporation/qualification: 5/31/02 Document number: P02000060490
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Milam Howard Nicandri Dees & Gillam, P.A.
208 North Laura Street, Suite 800
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Milam Howard Nicandri Dees & Gillam, P.A.  Milam Howard Nicandri Dees & Gillam, P.A.
14 East Bay Street
(P.O. Box NOT acceptable)  Jacksonville, FL 32202  → Significant Properties of the
2 2
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 for the corporation has been notified in writing of the change.
(Signature of an officer or director)  Awarise folia Professort  (Printed or typed name and title for the state of the sta
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)  S:15.06 (Date)
If signing on behalf of an entity:
G Alan Houses (Typed or Printed Name)

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