

P03000008130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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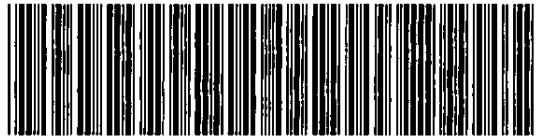
(Business Entity Name)

(Document Number)

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Change

05/10/10--01052--004 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 10 PM 2:01

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1002  
5/13/10

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.  
ATTORNEYS AT LAW

JOHN S. DUSS, IV\*  
THERESA M. KENNEY  
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\*ALSO ADMITTED IN GA

Sender's Email: [WHampton@jaxfirm.com](mailto:WHampton@jaxfirm.com)

May 6, 2010

TELEPHONE (904) 543-4300  
www.JAXFIRM.com  
4348 SOUTHPOINT BLVD., SUITE 101  
JACKSONVILLE, FLORIDA 32216  
FACSIMILE (904) 543-4301

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dramatic Flair, Inc.  
Document No. P03000008130

Ladies/Gentlemen:

Enclosed is a Statement of Change of Registered Office or Registered Agent or both for Corporations, together with our firm trust account check in the amount of \$35.00, as and for the filing fee for the same.

Thank you for your assistance. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Wycke Hampton

WMH/scc

Enclosures

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DRAMATIC FLAIR, INC.  
Name of Corporation

DOCUMENT NUMBER: P02000008130

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WADE McK. HAMPTON, ESQ.  
Name of Contact Person

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.  
Firm/Company

4348 SOUTHPOINT BLVD., SUITE 101  
Address

JACKSONVILLE, FLORIDA 32216  
City/State and Zip Code

WHAMPTON@JAXFIRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WADE McK. HAMPTON at ( 904 ) 543-4300  
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  
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

**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.*

1. The name of the corporation: DRAMATIC FLAIR, INC.
2. The principal office address: 3611 RICHMOND STREET, JACKSONVILLE, FL 32205
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/22/03 Document number: P03000008130
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DARDEN GRANT

4774 APACHE AVENUE

JACKSONVILLE, FLORIDA 32210

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WADE McK. HAMPTON, ESQ.

4348 SOUTHPOINT BLVD., SUITE 101

P.O. Box NOT acceptable

JACKSONVILLE, FLORIDA 32216

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.

Frances T. Middlekauff  
Signature of an officer or director

FRANCES MIDDLEKAUFF, PRES.  
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]  
Signature of Registered Agent

MAY 1, 2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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

CR2E045 (8/05)

FILED  
2010 MAY 10 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA