## P03000013633



(F	Requestor's Name)	
A)	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	<u>.</u>
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(E	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	o Filing Officer:	
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V SHEPARD FEB 1 7 2003

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ARTPIX CORP (Name of corporation)
DOCUMENT NUMBER: <u>P03000013633</u>
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:
EDMULD SIMON (Name of person)
(Name of firm/company)
2457A S. HIAUASEE Rd #1307 (Address)
City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (407) 294-1418 (Name of 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 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

. . . .

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

Pursuant to the pr	ovisions of sec	tions 607.050	02, 617.0502	2, 607.150	18, or 617.15	08, Florida Statutes
this statement of ch	ange is submitt	ted for a corp	oration orga	inized und	er the laws of	the State of
FLORIDA	in order to	change its re	egistered offi	ce or regi	stered agent,	or both, in the State
of Florida.						
1. The name of the	corporation:	ARTE	DIX 601	RP_		. <u> </u>
2. The principal of	fice address:	7249	BLACK	BULL	LANG	
3. The mailing add	ress (if different	t):	<del></del>	<u>.</u>	· <b>-</b>	
4. Date of incorpor	ation/qualificati	ion: 4 F-	b 2003	Docun	nent number:	P030000 13
5. The name and st Florida Departm		the current re	gistered age	nt and regi	stered office	on file with the
		MON, E	FRUARd	K	. <u> </u>	<del></del>
	2	457A	5. 4x4u	ASSEC	RD # &	37
_		SRLAMPO	y FL	32835		<del></del>
6. The name and schanged):				•	•	registered office (i
		Sinon f				<del></del>
		2457A (P.O. Box or person	S. HLAV	496Eg acceptable)	RD #50	1
		GRLAU	DO, FL	. 32	835	<del></del>
The street address agent, as changed	of its registered will be identica	l office and t	he street add	iress of th	e business of	fice of its registered
Such change was a authorized by the l	uthorized by re board, or the co					
(Signature of an officer, cha		•			SINGN or typed name and to	-
I hereby accept the I further agree to a performance of my registered agent. office address, I had	wr, u inis aocui	meni is peins	z niea merei	v io reiiec	t a cnange in	tne registerea
(Signa	ture of Registered Age	nt)	<u>.</u> . ————	A T	200 200 (Date)	3
If signing on behalf of		•			ζ=,	
(Tsme)	d or Printed Name)	<del></del> .		<del></del> -	(Capacity)	
(1)PC					· ^~p~~~,	