## P03000013963

(Req	uestor's Name)	
(Add	ress)	<del></del>
/Add	ress)	
(Auu	1033)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400050002254



Smith APR 1 0 200c

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: PICTORES IN MOTION, INC (Name of corporation)		
DOCUMENT NUMBER: PO3000 13963		
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:		
Beatriz E. Mendoza (Name of contact person)		
Pictures in Motion, inc. (Firm/Company)		
4882 NW 108th Passage (Address)		
Doral FL 33178 (City/state and zip code)		
For further information concerning this matter, please call:		
Brothiz E Mandozo at (305) 6134590  (Name of contact person) (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## 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 $+\mathcal{F}_{1}\mathcal{F}_{2}\mathcal{F}_{3}\mathcal{F}_{4}\mathcal{F}_{4}\mathcal{F}_{5}\mathcal{F}_{$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Pictures in Motion, Inc
2. The principal office address: 4082 NW 108th Passage
Doral FL 33178
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/5/2003 Document number: PO3 OCCO 13 96
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Pratriz E. Mendoza
5270 NW 109th Ave #7 ZE &
Doral, FL 33176
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4882 NW 1084" Passage = 0
P.O. Box NOT acceptable)
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.
(Signature of an opher or director)  (Signature of an opher or director)  (Printed or typed name and title)
(Printed or typed name and fitte)  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) 417/2005 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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