

P03000073992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

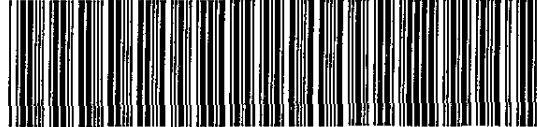
Special Instructions to Filing Officer:

Kyris Jacob  
Advised to Add  
RA change on Form

2/10/04

Office Use Only

Amend/CC  
(1a) 2/10/04



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02/02/04--01085--007 \*\*43.75

FILED  
04 FEB -2 PM 12:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADDRESS AND COMPANY NAME CHANGE

**DOCUMENT NUMBER:** P03000073992

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRIS JACOBI

(Name of Person)

IMAGINGPROS, INC.

(Name of Firm/ Company)

1100 FLORIDA MANGO RD. STE C

(Address)

WEST PALM BEACH, FL 33409

(City/ State/ and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB -2 PM 12:10

FILED

For further information concerning this matter, please call:

KRIS JACOBI

(Name of Person)

at ( 561 ) 296-9100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
04 FEB -2 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IMAGING PROS, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

803000073992

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

DELETE: ADDRESS - 4010 57<sup>th</sup> AVE. STE 204  
LAKE WORTH, FL 33463

ADD: NEW ADDRESS - 1100 FLORIDA MANGO RD. STE C  
WEST PALM BEACH, FL 33409

Change Registered Agent to: Chris Cartrett  
1100 Florida Mango Rd.  
(see Attached) Ste C West Palm Bch, FL 33409

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 1/26/04

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 28<sup>th</sup> day of JANUARY, 2004.

Signature \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KRIS SACOBI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**



# IMAGINGPROS

1100 N. Florida Mango Rd. Suite C  
West Palm Beach, Florida  
33401

Phone: 561 296-9100  
Fax: 561 296-0403  
Email: info@imagingpros.net  
Website: www.imagingpros.net

## Fax Cover Sheet

Chris Cartrett

Send to: IRENE	From: CHRIS CARTRETT
Attention:	Office location: IMAGINGPROS
Office location:	Date:
Fax number: 561 296 2030	Phone number: (561) 296-9100

☐ URGENT

☐ REPLY ASAP

☐ PLEASE COMMENT

☐ PLEASE REVIEW

☐ FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER:

Comments:

I UNDERSTAND THE RESPONSIBILITIES,  
POWERS AND DUTIES OF THE  
REGISTERED AGENT

CHRIS CARTRETT