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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number : 072731001155

Fax Number

: (813)253-2020

: (813)251-6711

REGISTERED AGENT CHANGE

PHOTOGRAPHY OF THE ARTS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Photography Of The Arts, Inc.
2. The principal	office address: 2531 NE 8th Street, Ft. Lauderdale, FL 33304
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 1/18/05 Document number: P05000008925
	d street address of the current registered agent and registered office on file with the artment of State:
	Amy E. Stoll
	2531 NE 8th Street
	Ft. Lauderdale, FL 33304
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Amy E. Stoll
	601 Bayshore Boulevard, Ste. 700
	(P.O. Box NOT acceptable)
	Tampa, FL 33606
The street adds	ess of its registered office and the street address of the business office of its registered agent. I be identical.
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
(Signa	Jennifer Stephens, President (Printed or typed have and title)
I hereby accept I for the pagree of my duties, a document is he corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the to been notified in griting of this change.
ly	ignature of Registered Agent) 2/3/05
If signing on b	chalf of an entity:
n/a	
	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