

PO6000055249

(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:

Office Use Only



400078586794

08/17/06--01019--019 \*\*35.00

FILED  
06 SEP 28 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2A

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JADA Photography Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** D06000055249

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:

Amber Lissy, President  
(Name of Contact Person)

JADA Photography, Inc.  
(Firm/Company)

7201 Coquina Way  
(Address)

St Pete Beach FL 33706  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeanette DeCosmo at (727) 254-2051  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2006

AMBER LISSY  
7201 COQUING WAY  
ST PETE BEACH, FL 33706

SUBJECT: JADA PHOTOGRAPHY, INC.  
Ref. Number: P06000055249

We have received your document for JADA PHOTOGRAPHY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you sent in to add the officers/directors is not correct it is only for changing the registered agent. I am sending you Articles of Amendments to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 906A00051934

RECEIVED  
AMBER LISSY  
8/23/06

**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: JIADA Photography, Inc.  
2. The principal office address: 3944 49th Ave  
St. Petersburg, FL 33711  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: April 17, 2006 Document number: PO6000055249

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Amber L. Lissy,  
7201 Coquina Way  
St Pete Beach, FL 33706

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

Jeanette De Cosmo  
3944 49th Ave S.  
St Petersburg, FL 33711  
(P.O. Box NOT acceptable)

FILED  
06 SEP 28 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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]  
(Signature of an officer or director)

Amber Lissy,  
(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)

8-8-06  
(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)