

P07000012887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

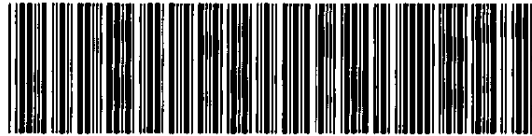
(Business Entity Name)

(Document Number)

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09 JUN -1 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Charge
Tleer's
6-4-09

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED
2009 JUN -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: INTEGRAL IMAGE INC
Name of Corporation

DOCUMENT NUMBER: P07000012887

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:

J MCGONIGLE
Name of Contact Person

JAMES T MCGONIGLE PA
Firm/Company

7027 W BROWARD BLVD #280
Address

PLANTATION FL 33317
City/State and Zip Code

JACKIMACK@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J MCGONIGLE at (954) 593-6666
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

May 21, 2009

J MCGONIGLE
JAMES T MCGONIGEL PA
7027 W BROWARD BLVD 280
PLANTATION, FL 33317

SUBJECT: INTEGRAL IMAGE INC
Ref. Number: P07000012887

We have received your document for INTEGRAL IMAGE INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00017263

*Correct form
+ 10.00 additional fee.*

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTEGRAL IMAGE INC
2. The principal office address: 1351 NE 191 STREET
MIAMI FL 33179
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/29/2007 Document number: P07000012887

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARCELA TRIBBLE CAPPADORO

20185 EAST COUNTRY CLUB DRIVE 701

AVENTURA FL 33180

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

CINTIA WESSOLOWSKI

1351 NE 191 STREET

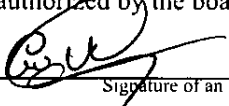
P.O. Box NOT acceptable

MIAMI FL 33179

FILED
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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 of an officer or director

CINTIA WESSOLOWSKI

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 of Registered Agent

5-26-09

Date

If signing on behalf of an entity:

Cintia Wessolowski

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)