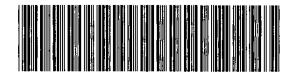
## 198844

(Requestor's Name)
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## **COVER LETTER**

Amendment Section Division of Corporations
SUBJECT: New Image Laby Corporation Name of Corporation
POCLIMENT NUMBER. PO 88 44
DOCUMENT NUMBER: Y V 88 9 9
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:
Marty Kora  Name of Contact Person
Name of Contact Person
Men Image (cb) Firm/Company
1501 North point Parking
Address Address 7
West Pala Beach, FL 33407 City/State and Zip Code
mkoru@new/mazelabs.com
E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
Marty Kom  Name of Contact Person  at (56) 697-9494  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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: New Twest Cabs Corporation
2. The principal office address: 1501 Northpoint Parking
Lost Palm Beach, PL 33407
3. The mailing address (if different):
4. Date of incorporation/qualification: 124 1986 Document number: PO 8844
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)
Ariel Lorie
5827 Corporate Way
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ariel Lorie
1501. Northport Parkung
West Palm Beach, PL 33407
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.
OSCAR URZO/A
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 Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

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