P08844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2017
S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2017

OSCAR R URZOLA
NEW IMAGE LABS CORPORATION
1501 NORTHPOINY PARKWAY STE 100
WEST PALM BEACH, FL 33407

SUBJECT: NEW IMAGE LABS CORPORATION
Ref. Number: P08844

We have received your document for NEW IMAGE LABS CORPORATION and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

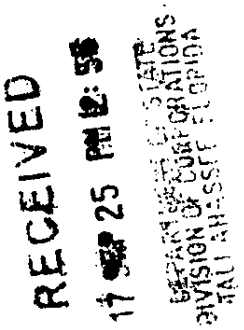
NAME AND ADDRESS OF CURRENT REGISTERED AGENT MUST BE LISTED

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 617A00017782



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Image Labs Corporation
Name of Corporation

DOCUMENT NUMBER: P08844

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:

Urzola, Oscar R.
Name of Contact Person

New Image Labs Corporation
Firm/Company

1501 Northpoiny Parkway, Ste. 100
Address

West Palm Beach, FL 33407
City/State and Zip Code

ourzola@newimagelabs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Urzola at (561) 697-9494
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

CR2E045 (03/12)

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 Image Labs Corporation

2. The principal office address: 1501 Northpoiny Parkway, Suite 100
West Palm Beach, FL 33407

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/24/1986 Document number: P08844

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)

Resigned
ARIEL LORIE, 1501 NORTHPOINT PKWY
WEST PALM BEACH, FL 33407.

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

Urzola, Oscar R.
107 Via Bosque
P.O Box NOT acceptable
Jupiter, FL 33458

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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 — Oscar Urzola, President (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 — 08/17/2017 (Date)

If signing on behalf of an entity:

Oscar Urzola
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 (03/12)