P08844

(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:	

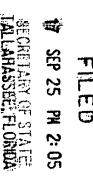
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SEP 25 2017 S. YOUNG





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

POSSIMENT NUMBER: POSS44

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

_{t (}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

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

Pursuant to the provisions of sections 607.0502, 617.050		
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 a Florida Department of State: (If resigned, enter resigned)	•	
<u>√</u> Resigned		
ARIEL LORIE, 150	NORTHPOINT PKWY	
WEST PALM BEACH	4 FL 33407.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Urzola, Oscar R.	May 55 m	
107 Via Bosque		
Jupiter, FL 33458	acceptable S	
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 Urzola, President	
Senature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent Or, if this document is being filed merely to refly hereby confirm that the corporation has been notified in	d agree to act in this capacity. utes relative to the proper and complete Ecept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
	08/17/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Oscar Urzola		
Typed or Printed Name		

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