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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						

REGISTERED AGENT CHANGE NEWSOME'S STUDIO OF PHOTOGRAPHY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	j 02
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Electronic Filing Menu Corporate Filing Menu

Help

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

-		617,0502, 607,1508, or 617,1508, Florida Su in organized under the laws of the State of <mark>Fl</mark> i		is			
in orde	r to change its registered office o	r registered agent, or both, in the State of Flo	orida.				
1. The name of t	he corporation: Newsome's Studio	o of Photography, Inc					
2. The principal	office address: 1545 Beechnut Dr	Pontoloc MS 38863					
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification: 05/29/96	Document number: P96000045	5573				
	street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on tile with resigned)	1 the				
	NEWSOME, KEVIN E						
	8320-2 Manor Club Cir						
	TAMPA, FL 33647		:: :::::::::::::::::::::::::::::::::::	2024 DEC			
6. The name and (if changed):	street address of the new registe	RETARY ABSOL	6 :				
	Northwest Registered Agent LLC			AM :			
	7901 4th St N STE 300	RECT VIS	င္မ်ာ				
		ÐМ	57				
	St. Petersburg FL 33702						
The street addre	ss of its registered office and the be identical.	e street address of the business office of its	registere	d agent.			
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has t	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so				
Vale	rie Newsome	Valerie Newsome - VP	Valerie Newsome - VP				
_		rimen or typed traine and true					
of my dutiès, and document is bei	d Lam Jamiliar with and accept	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered of ge in the registered office address, I hereby change.	avent. G	r. it this			
77 N-		10/23/2024					
Sign	nature of Registered Agent	Date					
lf signing on bel	nalf of an entity:						
Taylor Newman							
ر آ	ped or Printed Name						

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