

S 66085

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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RA Change

12/10/02

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Holographic Dimensions, Inc.
(Name of corporation)

DOCUMENT NUMBER: 566085

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:

Kevin Brown
(Name of person)

Holographic Dimensions Inc
(Name of firm/company)

7503 N.W. 36 Street
(Address)

Miami FL 33166
(City/state and zip code)

For further information concerning this matter, please call:

Kevin Brown at (305) 255 4246
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Holographic Dimensions, Inc.
2. The principal office address: 7503 N.W. 36 Street
Miami FL 33166
3. The mailing address (if different): _____

FEI: 65-0269786

4. Date of incorporation/qualification: 7/15/1991 Document number: 566085

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

None

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

Kevin Brown
7503 N.W. 36 Street
(P.O. Box or personal mailbox NOT acceptable)
Miami FL 33166

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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.

Kevin Brown
(Signature of an officer, chairman or vice chairman of the board)

KEVIN BROWN, 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.*

Kevin Brown
(Signature of Registered Agent)

11/13/2002
(Date)

If signing on behalf of an entity:

KEVIN BROWN
(Typed or Printed Name)

President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314