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**CT** CORPORATION SYSTE

818 West Seventh Street Los Angeles, CA 90017 Tel. 213 627 8252 Fax 213 614 9347

August 25, 1997

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Kinko's Change of Agent

Sir/Madam:

Enclosed herewith please find an original and a copy of the Statement of Change of Registered Agent along with a check made payable to the Department of State in the amount of \$35.00 for payment of filing fees.

Please file the original and send the conformed copy back to my attention in the self addressed stamped envelope enclosed.

If you should have any questions or comments, please do not hesitate to contact me at (800) 888-9207. Thank you.

Very truly yours,

Customer Specialist

400002284354--0 -03/04/97--01016--009 \*\*\*\*\*35.00 \*\*\*\*\*35.80

## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of <a href="Delaware">Delaware</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is: Kinko's. Inc.	
OUALIFICATION  1b. Date of in Soft and November 25, 1996 Document number	
2. The name and address of the current registered agent and office:	
526 E. Park Ave., Tallahassee, FL 32301	
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Eprida 33324	
The street address of its registered agent 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.  Start B. Bake  Yill Prisidal Council Council Typed or printed name and title  DATE  DATE	ላኒ
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.	
SIGNATURE BY: Stephane A brooks	
DATE 8 6 97 (Registered Agent)	
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**FILING FEE: \$35.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)