

P03000040562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

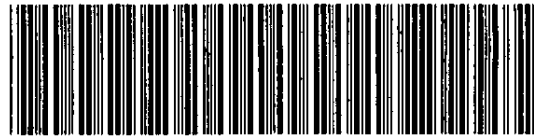
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chorge

G. Goulette AUG 12 2008

Change to
New
Address

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESS TIME QUALITY PRINTING, INC
(Name of Corporation)

DOCUMENT NUMBER: P 03000040562

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:

MATT FONK
(Name of Contact Person)

PRESS TIME QUALITY PRINTING INC
(Firm/Company)

8710 W. HILLSBOROUGH AVE #171
(Address)

TAMPA FL 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Fonk at (727) 421-2501
(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, 617.0502, 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: Press Time Quality Printing, Inc.
2. The principal office address: 8710 W. Hillsborough Ave, Unit 171, Tampa FL 33615
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04-07-2003 Document number: P03000040562
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MATT FONK

12493 Seminole Blvd

LARGO FL 33778

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

MATT FONK

8710 W. Hillsborough Ave

(P.O. Box NOT acceptable)

TAMPA FL 33615

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.

M. Fonk

(Signature of an officer or director)

MATT FONK CEO

(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.

M. Fonk

(Signature of Registered Agent)

8-3-08

(Date)

If signing on behalf of an entity:

MATT FONK

(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 (8/05)

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