# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: CELIA PUGLIESE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P95000003065

Entity Name: PALM COAST PRINTING, INC.

### Current Principal Place of Business:

250 PALM COAST PARKWAY NORTHEAST UNIT 607 PALM COAST, FL 32137

#### **Current Mailing Address:**

P O BOX 353497 PALM COAST, FL 32135

#### FEI Number: 59-3296148

## Name and Address of Current Registered Agent:

PUGLIESE, CELIA 250 PALM COAST PARKWAY NORTHEAST UNIT 607 PALM COAST, FL 32137 US Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE				01/29/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	PUGLIESE, CELIA	Name	PUGLIESE, JORGE	
Address	P.O. BOX 353497	Address	P O BOX 353497	
City-State-Zip:	PALM COAST FL 32135	City-State-Zip:	PALM COAST FL 32135	
Title	VP	Title	VP	
Name	PUGLIESE, FABIAN J	Name	PUGLIESE, MARIA E	
Address	P O BOX 353497	Address	P O BOX 353497	
City-State-Zip:	PALM COAST FL 32135	City-State-Zip:	PALM COAST FL 32135	

01/29/2017

Date