## 453492

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE SEP - 9 2025			

Office Use Only



500453449885

2025 SET -8 FITTET 3D

2025 SEP -8 AHII: 2

CHVED

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 09/05/25 Order #: 4393998-1

Re: Printers Service of Florida, Inc.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:

ATTN: Shauna Godbolt c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	unge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of <u>FL</u> or registered agent, or both, in the State of Flori	<del></del>
1. The name of t	the corporation: PRINTERS SER	VICE OF FLORIDA, INC.	
2. The principal	office address: 1580 NW 27TH A	AVE SUITE 12 POMPANO BEACH, FL 33069	
3. The mailing a	nddress (ii' different): 26 BLANCH	IARD ST. NEWARK, NJ 07105	
	poration/qualification: 05/23/197		
5. The name and		istered agent and registered office on file with the	ne
	LIROFF, RICHARD B		
	222 BEACH RD #9		
	SARASOTA	FL 34242	2
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	2025 SE
	Corporation Service Company		CO 1
	1201 Hays Street		P3 12:
		P.O. Box NOT acceptable	: <u>:</u> : ယ
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its re-	gistered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an offi been notified in writing of the change.	cer so
/s/ Robert Bo	onjione	Robert Bonjione C	FO
Signatu	re of an officer or director	Printed or typed name and title	
corporation nas	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this n Service Company	igent and agree to act in this capacity. I all statutes relative to the proper and complet the obligation of my position as registered aginge in the registered office address, I hereby contains.	te performance yent. Or, if this ynfirm that the
BA: Dive	ice 2-Kuble	09/05/2025	
_	nature of Registered Agent	Date	
	chalf of an entity:		
	Asst, Vice President  yped or Printed Name	_	
	•	ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13) COA-467217