11/03/2003 13:07 FAX 407 Division of Corporations



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Division of Corporations
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Division of Corporations

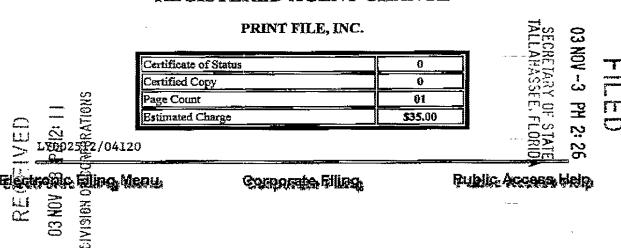
Fax Number : (850) 205-0380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

REGISTERED AGENT CHANGE



(((H030003092373)))

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	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.	
	f the corporation: PRINT FILE, INC.
2. The principa	al office address: P. O. BOX 607638, ORLANDO, FL 32860-4638
3. The mailing	address (if different): SAME
4. Date of inco	reporation/qualification: 08/13/1974 Document number: 454691
5. The name a	nd street address of the current registered agent and registered office on file with the
	artment of State:
	PENNY BOYD
	orporation/qualification: 08/13/1974 Document number: 454691 and street address of the current registered agent and registered office on file with the artment of State: PENNY BOYD 1846 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703
	APOPKA, FL 32703
6. The name : changed):	and street address of the new registered agent (if changed) and /or registered office (if TMARK C. AMAT
	1846 S. ORANGE BLOSSOM TRAIL
	(P.O. Box or personal mailbox NOT acceptable)
	APOPKA, FL 32703
The street add agent, as chan	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change vanthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
(Signature of an office	MARK C. AMAT, VICE PRESIDENT C. Chauman of the 86643 (Printed or types frame and title)
I hereby accept further agreed performance of registered age office address	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as int. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
-Mari	(Signistrate of Registered Agent) (Date)
If signing on beh	alf of an entity:
N/A	N/A
	(Typed or Printed Name) (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