

F070000005373

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

REGISTERED AGENT CHANGE

GRAPHIC COMMUNICATIONS GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GRAPHIC COMMUNICATIONS GROUP, INC.

2. The principal office address: 8437 LEGEND CLUB DRIVE WEST PALM BEACH FL 33412

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/28/2007 Document number: F07000005373

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4436 OLD WIN

4435 OLD WINTER GARDENS ROAD

ORLANDO FL 32811

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

LAWRENCE RUDERMAN

8437 LEGEND CLUB DRIVE

(P.O. Box NOT acceptable)

WEST PALM BEACH FL 33412

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the change of registered office or registered agent of the corporation named herein.

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the change of registered office or registered agent of the corporation named herein.

X [Signature]

LAWRENCE RUDERMAN, PRESIDENT

I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the change of registered office or registered agent of the corporation named herein.

X [Signature]

8/19/08

If signing on behalf of an entity:

(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

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