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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TST/Impreso, Inc.

Name of Corporation

DOCUMENT NUMBER

F17000002099

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:

Tammy Yahiel

Name of Contact Person

TST/Impreso, Inc.

Firm/Company

652 Southwestern Blvd.

Address

Coppell, Texas 75019

City/State and Zip Code

Yahiel@Tstimpreso.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Yahiel

.972

4620100

Name of Contact Person

Area Code & Davtime 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



January 11, 2019

TAMMY YAHIEL 652 SOUTHWESTERN BLVD COPPELL, TX 75019

SUBJECT: TST/IMPRESO, INC. Ref. Number: F17000002099

We have received your document for TST/IMPRESO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00000907

Rebekah White Regulatory Specialist II



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

		17.0502, 607.1508, or 617.1508, Florida Statute corganized under the laws of the State of Texas	s, this
		registered agent, or both, in the State of Florida	
1. The name of t	the corporation: TST/Impreso	, Inc.	
		stern Blvd., Coppell, TX 75019	
			
3. The mailing a	address (if different): PO box, 5	506, coppell, TX 75019	
4. Date of incorp	poration/qualification: 5/9/17	Document number: 717A00009	3204
5. The name and		tered agent and registered office on file with the	
	Resigned		
			20
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	2019 FEB 13
	Libertad Acosta Lopez	A	•
	9114 NW 106th Street,	Medley, Florida 33178	PH 4:
	P.O. Ba	ov NOT acceptable	53
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regist	ered agent,
Such change wa	as authorized by resolution duly a	dopted by its board of directors or by an officer connotified in writing of the change.	
(Mon	loce Soul	Marshall Sorokwasz, CEO	
_	ire of an officer or director	Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely I that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the regislered office addre ified in writing of this change.	gistered ess, 1
bicon			
Sign	nature of Registered Agent	2-4-17 Date	
If signing on bel	half of an entity:		
Liberta.	Accista. Lapez.		

* * * FILING FEE: \$35.00 * * *