## L020000a5342

| Tevoll Gr               | anhier                        | IC        |
|-------------------------|-------------------------------|-----------|
| Tevoll Gr<br>1091 East  | equastor's Name)              | theit     |
| Miami, 5                | 1dress)<br>11, 330<br>(dress) | )13       |
| (Ci                     | ty/State/Zip/Phone            | e #)      |
| PICK-UP                 | ☐ WAIT                        | MAIL      |
| (Bu                     | usiness Entity Nan            | ne)       |
| (Do                     | ocument Number)               |           |
| Certified Copies        | _ Certificates                | of Status |
| Special Instructions to | Filing Officer:               |           |
|                         |                               |           |
|                         |                               |           |
|                         |                               | 10/1      |
|                         | Office Use Onl                |           |



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09/26/03--01017--004 \*\*50.00

03 SEP 26 AM 9: 46

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name  | of the limited liability company   | is: TEVOLL GRAPHIX, LLC  |   |  |  |
|--|--|--|---|--|--|
| 2. The mailin  | ng address of the limited liability  | company is: 1091 EAST 52ND   | STREET, MIAMI, FL   |  |  |
| 33013  |  |  |   |  |  |
| 09/26/2002   |  |  | L02000025342  |  |  |
| 3. Date of fil   | Date of filing/registration in Florida  4. Document nu   |  | ber   |  |  |
| 5. The name of Florida Dep   | partment of State:   | gistered office address as shown or  | n the records of the  |  |  |
|  | JORGE LLOVET   |  | <del>zri</del>  |  |  |
|  | 1091 EAST 52 S   | Name<br>STREET   | 03 S  |  |  |
|  | MIANA EL 2004  | Address  | <b>T</b>  |  |  |
|  | MIAMI, FL 33013  | ty, State and Zip  | SE S  |  |  |
| 6. The name a  | and address of the new registered  |  | P 26 AM 9: 46 IASSEE, FLORIDA   |  |  |
|  | JOHN LLOVET  | _  | 9: 4-6  |  |  |
|  | 4967 EAST 10Th   | 4967 EAST 10TH LANE  |   |  |  |
|  | Florida street addı  | ress (P.O. Box NOT acceptable)   |   |  |  |
|  | HIALEAH  | <sub>FL</sub> 33013  |   |  |  |
|  | City   | y, State and Zip   |   |  |  |
| confirmed that and the busin liability compute members the operating |  | ed under the laws of the State of Fle made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized or as otherwise provided in the article of the change. |   |  |  |
| RAMON A.   | LLOVET   |  |   |  |  |
| (Printed or typed  |  |  | ÷   |  |  |
| I hereby accomply with the and I am fam Chapter 608, address, I her  | ept the appointment as registered<br>the provisions of all statutes rela<br>iliar with and accept the obligat<br>F.S. Or if this document is bein<br>reby confirm that the himsed liat | d agent and agree to act in this cap<br>tive to the proper and complete pe<br>ions of my position as registered a<br>ng filed to merely reflect a change<br>bility company has been notified in          | pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change. |  |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

Signature of Registered Agent)

**FILING FEE: \$25.00**