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Versa Tec Printing 6043 NW 167th Street, Suite A17 Miami Lakes, FL 33015 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status __ Special Instructions to Filing Officer: -Office Use Only



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Ka evert

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: VERSATEC PRINTING,	LLC		
2. The mailing address of the limited liability company is: 6043 NW 167th		A-17	
Miami Lakes,			
05-06-04 L040000347	4.1		
3. Date of filing/registration in Florida 4. Document num			
5. The name of the registered agent and the registered office address as shown of Florida Department of State:	on the rec	ords of t	he
Lynette Coleman, CORPORATION SERVICE COM	PANY		
1201 Hays Street Address			
Tallahassee, FL 32301 City, State and Zip			
6. The name and address of the new registered agent and/or office:			
MICHAEL J. FRAWLEY Name 6043 NW 167th Street, A-17 Florida street address (P.O. Box NOT acceptable) Miami Lakes FL 33015 City, State and Zip If the limited liability company is not organized under the laws of the State of It confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorized.	Florida, it	is hereb	oy office ed
the members of the limited liability company or as otherwise provided in the arther operating agreement of the limited liability company.	o by an a ricles of a	narmany organiza	tion or
(Signature of a member or authorized representative of a member)			
L. Gilbert Hall (Printed or typed name of signce)			
I hereby accept the appointment as registered agent and agree to act in this excomply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligations of my position as registered Chapter 608, I.S. Or of this document is being filed to merely reflect a change address, I hereby beginn that the limited liability company has been notified in	macity. I berforman agent as p e in the re n writing	further ice of my providea gistered of this c	agree to Eduties, Lfor ar Coffice Hange,
(Signature of Registered Agent) Division of Corporations, P.O. Box 6327. Tallahassee, FI	. 32314		

FILING FEE: \$25.00