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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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06/18/07--01016--021 **250.00

COVER LETTER

Division of Corporations				
SUBJECT: PRINTANDWEBSITES.CO				
(Name of Limit	ed Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
	·			
R.J. HAUGHEY, II				
(Name of Person)				
SIVYER BARLOW & WATSON	. 0			
(Firm/Company)				
100 S ASHLEY DR. SUITE 2150	O7 JUN 18 AM II: 00			
(Address)	ORP			
TAMPA, FL. 33602				
(City/State and Zip Code)	Ţ,			
For further information concerning this matter, ple	ease call:			
	813 221-4242			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following am	ount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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 limite	d liability comp	pany is: PRINTAN	DWEBSITES.COM,	LLC			
2. The mailing address of	the limited lial	bility company is:	8413 LAUREL FA	IR CIRCLE	∃ SU	ITE 101	
TAMPA, FL. 33610							
04/11/2006			L06000038034				
3. Date of filing/registration in Florida			4. Document number				
	State: R.J. HAUG 100 S ASHL TAMPA, FL of the new regis R.J. HAUGH	Name EY DR SUITE Address 33602 City, State and Zestered agent and/or	2150 ip office: 2225		ds of 07 JUN 18 AM11:00	TILED SECRETARY OF STATE OIVISION OF CORPORATIONS	
		`	• /		90	ATION	
	TAMPA	FL 336 City, State and Zip				છ	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the indiphers of the lim or the operating agreement (Signature of a member or authority).	lange or change the registered a beby confirmed ited liability co t of the limited	ganized under the last are made, the Floringent will be identice that the change(s) ompany or as other liability company.	ws of the State of Forida street address cal. Or, in the case was/were authorized	of the regist of a Florida d by an affir	ered limit mativ	office ed ve vote	
	arson	r a memoery					
(Printed or typed name of signee)							
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the cadress, I hereby confirm (Signature of Registered Agent)	ntment as regis s of all statutes l accept the obl its document is that the limited	tered agent and ag relative to the prof ligations of my posi being filed to mere l liability company	ree to act in this caper and complete pe tion as registered a tly reflect a change thas been notified in	pacity. I fur informance of gent as prov in the regist writing of t	ther of my vided tered his c	agree to duties, for in office hänge.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00