

LOG 0000 30329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600168434706

AC 3/3/10
E. DENNARD

Malave, Erin

From: Mariana Soliman [admin@newagerepro.com]

Sent: Monday, March 01, 2010 9:47 PM

To: CorpAddressChange

Subject: Address Change

This is a request to change the physical and mailing address for the below describe business

Name: New Age Reprographics, LLC

Doc #: L09000030329

FEI/EIN #: 26-4544119

NEW Principal Address:

3642 W Kennedy Blvd
Tampa, FL
33609

NEW mailing address:

3642 W Kennedy Blvd
Tampa, FL
33609

Thank You

Mariana Alvarez

MGRM

Phone: 813-385-6828