

LD9000030329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

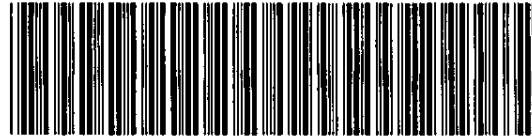
(Business Entity Name)

(Document Number)

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STATE  
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TALLAHASSEE  
14 AUG 20 AM 10:03

LLC RA/RD change

AUG 28 2014

T. CARTER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Age Reprographics, LLC  
Name of Limited 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:

Alexander Prieto

Name of Person

New Age Reprographics, LLC

Firm/Company

3642 W. Kennedy Blvd.

Address

Tampa, FL 33609

City/State and Zip Code

alex.prieto@newagerepro.com

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

For further information concerning this matter, please call:

Elaine Sumner

at ( 813 )

426-3272

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$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 605.0114 or 605.0116, 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. Name of the limited liability company: New Age Reprographics LLC

2. (a) New Age Reprographics, LLC (b) New Age Reprographics, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3642 W. Kennedy Blvd.

Tampa, FL 33609

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3642 W. Kennedy Blvd.

Tampa, FL 33609

03/30/2009

L09000030329

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Mariana Soliman

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8630 Manassas Road

Tampa, FL 33635

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Craig E. Rothburd, P.A.

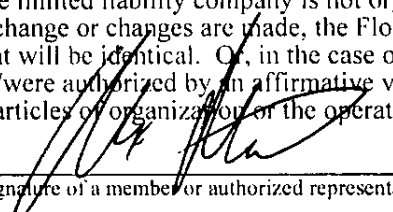
**NEW** Registered Office Address:

320 W. Kennedy Blvd., Suite 700

Tampa, FL 33606

FILED  
STATE  
CLERK OF  
FLORIDA  
14 AUG 20 AM 10:03

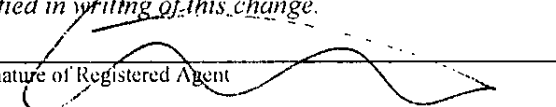
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Alexander Prieto

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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