## L1000005934H

<del></del>	(Requestor's Name)		
	(Address)		
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	(City/State/Zip/Phone#	)	
PICK-UI	P WAIT	MAIL	
	(Business Entity Name	)	
(Document Number)			
Certified Copies	Certificates o	f Status	

Special Instructions to Filing Officer:

L. SELLERS

OCT -4 2011

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SPG Printing LL Name of Limited		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Pamela Barrientos Name of Person		
JPO Printing LLC Firm/Company		
PO BOX 641099  Address		
Higmi, FL 33164 City/State and Zip Code		
TPG Printing USC @ Grail . C		
For further information concerning this matter, please call:		
Pamela Barrientos at (	305 ) 343-4298	
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 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. Name of the limited liability company:	Printing LLC
2. (a) Principal office address of limited liability company	: 1777 POIK St APL IF
(Note: MUST BE STREET ADDRESS)	Hollywood, FL 33020
(b) Mailing address of limited liability company:	PO BOX 641099
(Note: MAY BE POST OFFICE BOX)	micmi, FL 33164
06/02/2010	L10000059344
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Pamek Barrientos
Registered Office Address:	501 NE 172 nd St. North Migmi Beach, FL 33162
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	VRegistered Office address:  1777 Polk St APt. IF
(MUST BE FLORIDA STREET ADDRESS)	HOllywood ,FL 33020
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the province of the province of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company.  Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization