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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Pride Printing Products 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: Jack Podolsky Name of Person Pride Printing Products Firm/Company 10417 Tecoma Dr Address Trinity, FL 34655 City/State and Zip Code jackp@pridepp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 807-7452 Jack Podolsky Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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

	me of the limited liability company: Pride Printing		
(a)	10417 Tecoma Dr, Trinity, FL 34655	(b) 10417 Tecoma Dr. Trinity, FL 34655 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
			L14000098650
(a)	Date of filing/registration in Florida june 19, 2014	4.	Document number
(u)	Registered Agent and Registered Office shown on the records of a Corporation Service Company	he Florida Dept. c	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	, FL	·	
(b)	Jack Podolsky		
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	Cut - Co
	10417 Tecoma Dr. Trinity, FL 34655		
	NEW Registered Office Address:		90 S
		·	
ne cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability companion the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Hud 10	Jack Po	
	ture of a member or authorized representative of a member by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in thi performance of d for in Chapte hereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed a that the limited liability company has been

Signature of Registered Agent