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| (Requestor's Name) | |
| (Address) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | Λh |
| (Business Entity Name) | |
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| (Document Number) | |
| · | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
| 2031 | |
| Called updated 10/19/1 RA name to | 4 |
| RA name to | |
| Keyin Wichleski | |
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| Kevin Wrobleski as he had hosted compos as RA Office Use Only Mc | - |



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N. CAUSSEAUX OCT 1 7 2016

COVER LETTER

| Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: STaphic techs = COM 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: | | | | |
| Kevin Wroblosk, Name of Person | | | | |
| Graphic techs Com Firm/Company | | | | |
| 9502 Minorca Way Apt. 105 Address | | | | |
| Palm beach Garolens, FL 33418 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Kevin Wrobleski at (561) 562 1877 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 | | | | |

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

KEVIN WROBLESKI GRAPHICTECHS.COM 9502 MINORCA WAY, APT. 105 PALM BEACH GARDENS, FL 33418

SUBJECT: GRAPHICTECHS.COM LLC

Ref. Number: L16000082177

We have received your document for GRAPHICTECHS.COM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form completed was for a corporation not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 116A00020555

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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. | Na | lame of the limited liability company: | <u>V</u> |
|----------------------------------|---------------------------------------|---|---|
| 2. | (a) | (b) | |
| | . , | Principal office address of limited liability company: Mailin (Note: MUST BE STREET ADDRESS) (Note: Note: MUST BE STREET ADDRESS) | g address of limited liability company: te: MAY BE POST OFFICE BOX) |
| | | 9502 Minorca Way Apt 105 | |
| | | Polmbook gorden (FL 33413 | |
| | | | 00082177 |
| 3. | | Date of filing/registration in Florida 4. Doc | ument number |
| 5. | (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| | | Graphic techs . com | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | 6 A ANG |
| | | 1200 South Pine Island (000) | E POT |
| | | Plantation, FL 33324 | in the second |
| , | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | 6 OCT 13 AM II: OO |
| | | 4502 MINORCZ WZY Apt-109 NEW Registered Office Address: | 5 |
| | | | |
| | | Palm beach gardens, FL 33428 | |
| the age | cha nt v s/we | limited liability company is not organized under the laws of the State of Florida, nange or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is here were authorized by an affirmative vote of the members of the limited liability company ticles of organization or the operating agreement of the limited liability company | the business office of the registere eby confirmed that the change(s) npany or as otherwise provided in |
| S | ignat | ature of a member or authorized representative of a member Print | w/6b/cs/G/ ted or typed name of signee |
| I h pro the to n not | erel visi obli nere ified | eby accept the appointment as registered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete performance of my duties oligations of my position as registered agent as provided for in Chapter 605, F.S. rely reflect a change in the registered office address, I hereby confirm that the lied in writing of this change. | . I further agree to comply with the s, and I am familiar with and accep i. Or, if this document is being filed mited liability company has been |
| Sig | natu | ure of Registered Agent | |