

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maverix Graphix 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:

Bridget Lopez
Name of Person

Maverix Graphix LLC
Firm/Company

503 Alcazar Ave.
Address

Altamonte Springs, FL 32714
City/State and Zip Code

maverixgraphix@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridget Lopez at (407) 415-7111
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

20110331

