**CT** CORPORATION SYSTEM

## CORPORATION(S) NAME MOOO DOO 243

American Reprographics (	Company, L.L.C.	
0		
		پسم <u> </u>
		200
		<del></del>
		Sect of Hatel
		PM 12: 09 FF. FLIMNO
		ALE 09
		<b></b>
		<u> </u>
( \ D €4	() Amendment	() Merger
() Profit	() Amendment	() Merger A A A
() Nonprofit () Foreign	() Dissolution/Withdrawal	() Mark SSCZ 49 M
( ) PoterBu	() Reinstatement	
() Limited Partnership	() Annual Report	() Mark SSEE 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() LLC	() Name Registration	(x) Change of RA
() EEC	() Fictitious Name	()UCC
() Certified Copy	() Photocopies	() cus - 8
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out	() //	
() 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name	10/9/01	Order#: 4784678
Availability		<b>6000046284562</b> -10/09/0101008025
Document	_	ANANAOT AA AAAAAOT AA
Examiner	<del>_</del> -	Ref#:
Updater		
Verifier	_	
W.P. Verifier	<u></u>	Amount: \$

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

M

Day.

## 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.

June 29, 2000		M0000001293	M0000001293	
3. Date of filing/reg	istration in Florida	4. Document number		
5. The name of the r Florida Departme	egistered agent and the	he registered office address as shown on the	records of the	
•	Corporation Serv	vice Company		
		Name		
	1201 Hays Street			
		Address _		
	Tallahassee, FL	32301 City, State and Zip	• •	
		-		
6. The name and add	iress of the new regis	stered agent and/or office:	7 <u>4</u> 5	
	C T Corporation	System		
		Name	<u> </u>	
	1200 South Pine I	sland Road	Ass. 6-	
	Florida street	address (P.O. Box NOT acceptable)		
		777 00004	10 I	
	Plantation	FL 33324	PHIZ: 09 FOF SIALE FF. FLORING	
	,	City, State and Zip	<u> </u>	
confirmed that after and the business off liability company, it the members of the the operating agreen	the change or change ice of the registered a is hereby confirmed limited liability compaent of the limited liability.		registered office lorida limited n affirmative vote of	
(Signature of a member or	authorized representative o	f a member)		
hiyamurthy (Printed or typed name of	Chandramoha	n, Manager		
		stered agent and agree to act in this capacity relative to the proper and complete perform ligations of my position as registered agent of s being filed to merely reflect a change in the I ligbility company has been notified in writi		
C T Corporation System	Dril J. Par	Les DAVID I. FARBER		
	1 / LT/ 11 11-15			

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

FL015-9/27/99 C T System Online

INHS18(10/99)