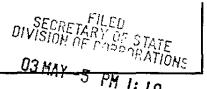
## M66335



(Req	uestor's Name)						
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(City/State/Zip/Phone #)							
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Certified Copies	Certificates	s of Status					
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RA Chg.

V SHEPARD MAY 1 4 2003

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Les's Printing & Graphic Design, Inc. (Name of corporation)
DOCUMENT NUMBER: M66335
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna J Duke (Name of person)
(Name of firm/company)
821 13th Street (Address)
St. Cloud, FL 34769 (City/state and zip code)
For further information concerning this matter, please call:
Donna J Duke at (407 ) 892-6588 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sec	ctions 607.0502, c	617.0502,	607.1508, or 6	517.15 <mark>08, Fl</mark> e	orida Statutes,
this statement o	of change is submit	ted for a corporat	tion organ	ized under the l	laws of the St	ate of
Florida_	in order to	change its regist	ered office	or registered	agent, or bot	h, in the State
of Florida.						
1. The name of	the corporation:_	<u>Les sPrint</u>	ting &	Graphic D	esign, I	nc.
2. The principal	l office address:	821 13th s	Street	<del></del>		— — — ; ; ;
		St. Cloud,	, FL 34	769		
3. The mailing	address (if differer	nt):				
	<del></del>			- <del> </del>	<del></del>	ئ
4. Date of incor	rporation/qualificat	tion: <u>1/26</u>	88	_ Document nu	mber: <u>M66</u>	335
	nd street address of artment of State:	the current registe	ered agent	and registered	office on file	with the
	Finder,	Jill	<u>.</u>		<del></del>	,
	821 Thi	rteenth St.				
	St. Clo	ud, F <u>l 3476</u>	9	· ·	·	
6. The name a changed):	nd street address	of the new registe	ered agent	(if changed) a	and /or regist	ered office (if
<b>,</b>	Donna_	T Duke				
	<u>Same</u>	(P.O. Box or personal m	ililbox NOT ac	cceptable)	<u>-</u>	-
The street addr agent, as chang	ress of its registere ged will be identicated	d office and the s	treet addre	ess of the busin	ness office of	its registered
1 /	ras authorized by r he board, or the co	- 10 ms 61	124	14 Tonier	Ho Rock	n officer so
	t the appointment					
I furthér agrêc performance oj registered agei	to comply with the fmy duties, and I on the first or, if this documents thereby confirm to the first or the f	e provisions of all am familiar with a ment is being file that the corporati	l statutes r and accep ed merely i on has be	elative to the p t the obligation to reflect a cha en notified in w	proper and con of my position of my position of the reposition of this properties of this properties of the reconstruction of the contraction of t	ioñ as gistered
come f	Signature of Registered Ag	(Duke)		7-30-03 (Date)		<del></del> ,
If signing on beha	If of an entity:					
<del></del> (	(Typed or Printed Name)		<del></del>	(Capac	ity)	<del></del>

\* \* \* FILING FEE: \$35.00 \* \* \*