P00000050933

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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	_
Special Instructions to Fili	ng Officer:		
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SECRETARY OF STATE
VALLAHASSEE: FLORIDA

R.A. Change

Office Use Only

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TRANSMITTAL LETTER

Amendment Section

Division of Corporations

TO:

Printers USA, INC. SUBJECT: (Name of corporation) P00000050933 DOCUMENT NUMBER: 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: (Name of person) Printers USA, INC. (Name of firm/company) 2737 Evelyn Drive, (Address) Apopka, Florida, 32703 (City/state and zip code) For further information concerning this matter, please call: John Price (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED ŌFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitt	ted for a corporation organized under the laws of the State of
Florida in order to	change its registered office or registered agent, or both, in the State
of Florida.	
i. The name of the corporation:	Printers USA, Inc.
2. The principal office address:	2737 Evelyn Drive,
***	Apopka, Florida, 32703
3. The mailing address (if differen	n: As above =
4. Date of incorporation/qualificat	ion: 05/24/2000 Document number: P00000050933
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the
Spi	legel & Utrera, P.A.
343	Almeria Avenue,
Cor	cal Gables, Florida, 33134
6. The name and street address of	of the new registered agent (if changed) and /or registered office (if
chanced).	- To
JOI	nn A. Price
273	87 Evelyn Drive, - ア
	(P.O. Box or personal mailbox NOT acceptable)
Арс	opka, Florida, 32703
The street address of its registered agent, as changed will be identica	d office and the street address of the business office of its registered
Such change was authorized by re authorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.
X X /	J.A.Price President
(Signature of an officer, chairman or vice chairma	
performance of my duties, and I a registered agent. Or, if this docar	is registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete In familiar with and accept the obligation of my position as I ment is being filed merely to reflect a change in the registered I hat the corporation has been notified in writing of this change.
- X. V. /-	27th October 2002
(Signature of Registered Age	nt) (Date)
If signing or behalf of an entity:	7
(Typed or Printed Name)	(Capacity)

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