

PO00000084721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 11 2015

I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Graphics Matter  
Name of Corporation

DOCUMENT NUMBER: P00000084721

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:

Thu Tran  
Name of Contact Person

Firm/Company

8640 Wellington View Dr.  
Address

West Palm Beach FL 33411  
City/State and Zip Code

gmatter@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thu Tran at ( 561 ) 281-6182  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2015

THU TRAN  
8640 WELLINGTON VIEW DR  
WEST PALM BEACH, FL 33411

SUBJECT: GRAPHICS MATTER, INC.  
Ref. Number: P00000084721

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

The current name of the entity is as referenced above. Please correct your document accordingly.

You failed to list the new registered agent information in part 6 of the form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 515A00026130

RECEIVED  
16 JAN 18 AM 11:24

**BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Graphics Matter  
2. The principal office address: 8640 Wellington View Dr.  
West Palm Beach, FL 33411  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/2000 Document number: P00000084721  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

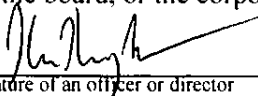
Thu Tran  
351 N. Congress Ave #131  
Boynton Beach, FL 33426

6. The name and street address of the ~~new registered agent~~ (if changed) and ~~or registered office~~ (if changed):

Thu Tran  
8640 Wellington View Dr.  
P.O. Box NOT acceptable  
West Palm Beach, FL 33411

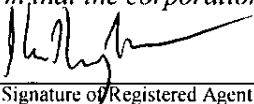
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

12/7/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314