

Pa2000116278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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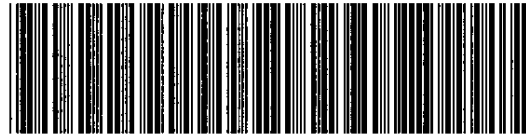
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. LEWIS
MAY 7 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peak Performance Press Inc
Name of Corporation

DOCUMENT NUMBER: P02000116278

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:

Thomas K Connellan

Name of Contact Person

Peak Performance Press Inc

Firm/Company

882 Belvedere Blvd

Address

Charlottesville, VA 22901

City/State and Zip Code

tomc@tomconnellan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas K Connellan

Name of Contact Person

at (434) 202-3171

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peak Performance Press, Inc.
2. The principal office address: 882 Belevedere Blvd, Charlottesville VA 22901
3. The mailing address (if different): _____
4. Date of incorporation/qualification: October 2002 Document number: P02000116278
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)

Thomas K Connellan

8702 Bay Hill Blvd

Orlando FL 32819

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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

Thomas K Connellan

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

4/21/2014

Date

If signing on behalf of an entity:

Dan Keen-President

Typed or Printed Name

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

APPROVED
AND
FILED
14 APR 28 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA