## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Emaíl	Addresa;	ehurtado@gmail.com	R. WHITE

## REGISTERED AGENT CHANGE INKOLOR, CORP.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

stalement of change is si	ubmitted for a corporation organ	2, 607.1508, or 617.1508, Florido Status ised under the laws of the State of Florid red agent, or both, in the State of Florid	la						
1. The name of the corpo	oration: INKOLOR, CORP.								
2. The principal office address: 6000 NW 97th Ave #20, Doral, Florida 33178									
3. The mailing address (i									
4. Date of incorporation	qualification: 5/1/2003	Document number: P0300004839	5						
	iddress of the current registered at f State: (If resigned, enter resigne	gent and registered office on file with the $\emptyset$							
ish re	egister agent services,	INC							
200 SC	OUTH BISCAYNE BOULEVAL	RD, 4650							
<del></del>	I FL 33131 US		JAT.	끖					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):									
Busines	ss Filings Incorporated		SEE	_					
	Park Avenue, Tallahassee, Flor F.O. Box Nor	rida 3230) Tancepublic	OF STATE	MH IO: 39					
The street address of its as changed will be iden	s registered office and the street	address of the business office of its reg	pistered agent,	<u> </u>					
Such change washither authorized by the board	rized by resolution duly adopted L on the corporation has been no	l by its board of directors or by an officied in writing of the change.	cer so						
white	All in	Piegident.	Hw						
Signature of air off		Wladimir Hurtado,							
I hereby accept the app. I further agree to comp. of my duties, and I am f document is being filed corporation has been ne	ointment as registered agent an ly with the provisions of all state amiliar with and accept the obli- merely to reflect a change in the odified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complet gation of my position as registered ag e registered office address, I hereby co	e performance ent. Or, if this infirm that the						
Mall		1st day of February, 2013							
Signature of R  If signing on behalf of a	egistared Agent	Dille							
_	ete stintel.			•					
Mark Williams, AVP	nted Name								
Then at ter		E: \$35.00 * * *							
_									

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

Fax audit# 413000032572-3