P03000079163

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
by Jup	dorun	nent
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T. Roberts OCT 18 2007

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CT: Colour Incorporated (Name of Co	orporation)
DOCU	MENT NUMBER:_P03000079163	
The end	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please r	return all correspondence concerning this matter	to the following:
	Laurie Allen	
	(Name of Cor	ntact Person)
	Colour Incorporated (Firm/Co	mnany)
	· · · · (Filliped	inpany)
	1611 Alden Road	ress)
	(1100)	Cooly
	Orlando, Florida 32803` (City/State an	d Zin Codo)
For furt	ther information concerning this matter, please of	•
Laurie	Allen (Name of Contact Person)	at (_407) 539-0505 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Depart	ment 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: Colour Incorporated
2. The principal office address: 1611 Alden Road
Orlando, Florida 32803
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-17-03 Document number: P0300079163
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Byrd, Rae
1211 Drange Ave Ste 300
1211 Drange Ave Ste 300 顯見 Winter Park, 死 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Byrd, Rae
1611 Alden Road
(P.O. Box NOT acceptable) Orlando, Florida 32803
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 opporation has been notified in writing of the change.
(Signature of an officer or director) Rae Byrd, Owner (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.
<u> </u>
(Signature of Registered Agent) (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 CR2E045 (8/05)