P03000123536

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RA WASSEE, FLORE 1822

COVER LETTER

TO:	TO: Amendment Section Division of Corporations					
SUBJECT: PRINTFACTORYONLINE, INC. (Name of Corporation)						
DOCL	JMENT NUMBER: P03000123536					
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:						
	IAIDO ANDESO I	0057				
	JAIRO ANDRES LO					
	(- 4,				
	PRINTFACTORYONI	LINE, INC.				
	(Firm/Compa					
		•				
	5201 BLUE LAGOON DRI					
	(Address)					
	AALAAAL EL 22					
	MIAMI, FL. 33 (City/State and Zi					
For fur	ther information concerning this matter, please call:	,				
	JAIRO ANDRES LOPEZ	(305) 433-1689				
	(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	Street Address: Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	A WELLENSON A MARKET TO THE E	Tallahassee, FL 32301.				

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

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of FLOR tered agent, or both, in the State of Florida	IDA		
1. The name of	the corporation: PRINTFACTORYONLI	NE, INC.			
2. The principal	office address: 5201 BLUE LAGOON [DRIVE STE# 860			
MIAMI, FL.					
3. The mailing a	address (if different): 5201 BLUE LAGG 33126	DON DRIVE STE# 860			
4. Date of incor	poration/qualification: 10/25/2003	Document number: P0300012353	6		
	d street address of the current registered artment of State:	agent and registered office on file with the			
	ISABEL C ESCUDERO				
	7473 NW 113 CT		OT SE		
	MIAMI, FL. 33178		CRET		
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	FILED OT JUL 16 AM 11: 22 SECRETARY OF STATE FALLAHASSEE, FLORID		
	JAIRO ANDRES LOPEZ		STA LOG		
	12166 SAINT ANDREWS PLACE APT# 209				
	(P.O. Box NOT acceptable	e)			
	MIRAMAR, FL. 33025				
The street address changed will	ess of its registered office and the stree	t address of the business office of its regis	stered agent,		
Such change w authorized by	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an office otified in writing of the change.	er so		
(Signati	yes of an offiger or director)	JAIRO ANDRES LOPEZ (Printed or typed name and title)	·		
R - 1		nd agree to act in this capacity, tutes relative to the proper and complete ligation of my position as registered ager he registered office address, I hereby con e.	performance it. Or, if this firm that the		
(6)	gnature de Rogistered Agent	06/20/2007			
If signing on be	chalf of an entity:	MY O	IN A SILVIA GNOCCHI DIMMISSION & DD 837411 PIRES: August 7, 2008		
C	Typed or Printed Name) * * * FILING F		Thru Notary Public Underwriters		
	* * * * * * * * * * * * * * * * * * *	June	and the second		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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

statement of ch	ange is submitted for a corporation organi	zed under the laws of the	State of FLORIDA
	er to change its registered office or registe	_	State of Florida.
	the corporation: PRINTFACTORYONLIN		
	office address: 5201 BLUE LAGOON DE	RIVE STE# 860	
MIAMI, FL.	······································		
3. The mailing of MIAMI, FL. 3	address (if different): 5201 BLUE LAGO 3126	ON DRIVE STE# 860	
4. Date of incor	poration/qualification: 10/25/2003	Document number:	P03000123536
	d street address of the current registered agriment of State:	ent and registered office	on file with the
	ISABEL C ESCUDERO		
	7473 NW 113 CT		
	MIAMI, FL. 33178		
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or reg	istered office
	JAIRO ANDRES LOPEZ		
	12166 SAINT ANDREWS PLAC	E APT# 209	
	(P.O. Box NOT acceptable)		
	MIRAMAR, FL. 33025		•
The street address changed will	ess of its registered office and the street a loc identical.	address of the business of	office of its registered agent,
Such change was authorized by	as authorized by resolution duly adopted he loard, or the corporation has been not	by its board of director tified in writing of the c	s or by an officer so hange.
	MI	JAIRO ANDRES LO	·
	te it in other or director) I the appointment as registered agent and to comply with the provisions of all statud and I am familial with and accept the obli- ing filed nevely to reflect a change in the s been noutlied in writing of this change.		ed name and title) pacity, or and complete performance or registered agent. Or, if this oss, I hereby confirm that the
	///////	06/20/2007	
If signing on b	chalf of an entity:		MARIA BLIVIA GROCCHI MY COMMISSIONA DO 697411 EXPIRES: August 7, 2008
(Typed or Printed Name)	W 635 AA + + +	Bonded Thru Nosey Public Underwillers
	* * * FILING FE	E: 235.00 * * *	June 20,2007

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

