P04000142240

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
(,	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000132712420

07/21/08--01029--023 **35.00



Not los

COVER LETTER

TO: Amendment Section Division of Corporations				
Bivision of corporations				
SUBJECT: Dolphin Graphix				
(Name of Corporation)				
DOCUMENT NUMBER: P04000142240				
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:			
Eddie Batres				
(Name of Contact Person)				
Dolphin Graphix				
(Firm/Comp	any)			
510 NW 86th Place Unit 207				
(Address)				
Miami Fl 33126				
(City/State and Z	(ip Code)			
For further information concerning this matter, please call:				
Celeste Senofonte-Batres	at (786) 597-2009			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
r driver and a final fin	Tallahassee, FL 32301			

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

statement of cha	nge is submitted for a corporation orga	102, 607.1508, or 617.1508, Florida Statutes, this Inized under the laws of the State of Stered agent, or both, in the State of Florida.
1. The name of t	he corporation: Dolphin Graphix Inc	corporated
	office address: 510 NW 86th Place Uni	it 207 Miami FI 33126
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 10/14/2004	Document number: P04000142240
	street address of the current registered timent of State:	agent and registered office on file with the
	Eduardo Batres 7225 NW 68th	· · · · · · · · · · · · · · · · · · ·
	Miami Fl 33166	THE THE PART OF TH
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office The Part of the NW 86th Place Unit 207	
	510 NW 86th Place Unit 207	
	Miami FI 33126	Er G
	, (P.O. Box NOT acceptab	le)
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
CSignati	Sententi-Baltos ire of an officer or director)	Celeste Senofonte-Batres (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent a	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
6/		7/15/2008
	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
	Typed or Printed Name)	

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