

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

SASOR GRAPHICS, INC.

Certificate of Status	0
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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: SASOR GRAPHICS, INC.
2. The principal office address: 27315 Breakers Dr., Wesley Chapel FL 33544
3. The mailing address (if different): _____

4. Date of incorporation/qualification: FLORIDA Document number: P05000008453

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)

Christine M. Rosas
27315 Breakers Dr.
Wesley Chapel, FL 33544

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

Agents and Corporations, Inc.
300 Fifth Avenue South, Suite 101-330
P.O. Box NOT acceptable
Naples, FL 34102

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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.

Christine M. Rosas
Digitally signed by Christine M. Rosas
 DN: cn=Christine M. Rosas, o=PA, email=rosas@williamsfirm.com, c=US
 Date: 2009.09.23 11:23:43 -0400
 Signature of an officer or director

Christine M Rosas, President
 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.

David N. Williams
 Signature of Registered Agent

9/23/09
 Date

If signing on behalf of an entity:

David N. Williams, President
 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)