P0500087718

986 Willow Run Lane Winter Springs, FL 32708				
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
·				
. '				
,				

Office Use Only



500087366185

02/05/07--01049--029 **35.00



15 2/7/07

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, th mized under the laws of the State of tered agent, or both, in the State of Florida.	<u></u>
	he corporation: A Graphic Connection,		
	office address: 986 Willow Run Lane, V		· ·
2. The principal	office address.		
3. The mailing a	ddress (if different):		2001 FEB
4. Date of incorp	poration/qualification: 6-20-05	Document number: P05000087718	
	street address of the current registered tment of State:	agent and registered office on file with the	= 9
	Lynette M Smith		<u>.</u>
	1910 Summer Club Dr., #100		
	Oviedo, FL 32765		
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	
	Lynette M Smith		
	986 Willow Run Lane		
	(P.O. Box NOT acceptable	e)	
	Winter Springs, FL 32708		
The street addre	ss of its registered office and the stree be identical.	t address of the business office of its registere	d agent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by an officer so of the change.	
(Signatu	re of an officer or director)	Lynette M Smith, Pres (Printed or typed name and title)	
I hereby accept I further agree t of my duties, and document is beil corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and complete perf ligation of my position as registered agent. he registered office address. I hereby confirm	ormance)r, if this that the
- Ofm	2.1	1-17-07	
(Sig	nature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
	yped or Printed Name)		
V-			

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