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(Re	equestor's Name)	.,
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
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COVER LETTER

TO: A	Amendment Section Division of Corporations	
SUBJEC	CT: Professional Postcar (Name of Con	oration)
DOCUM	IENT NUMBER: P 0 5 0 0 0 1 2 2 4 9 7	7
The enclo	osed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to	the following:
	Karen W. (Name of Conta	Allen ct Person)
	Professiona (Firm/Com	al Postcards, Inc.
	12509 Ulmerton (Address	n Rd
	Largo FL (City/State and	33774 Zip Code)
For further	er information concerning this matter, please call	l:
	(Name of Contact Person)	at (727) 442-0008 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departme	ent 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 $_{\cdot}$

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the statement of change is submitted for a corporation organized under the laws of the State of		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Professional Postcards, Inc.		
2. The principal office address: 12509 Ulmerton Rd, Largo, FL, 33	774	
3. The mailing address (if different): \(\sum \sum \frac{\lambda}{\lambda}\)		
4. Date of incorporation/qualification: Sep. 06, 2005 Document number: P05000 12	22497	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
National Registered Agents Inc.		
National Registered Agents, Inc. P., O. BOX 927 West Windsor NJ 08550-0927		
West Windsor NJ 08550-0921		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TI TO THE PARTY OF	
Karen W. Allen		
12509 Ulmerton Rd		
(P.O. Box NOT acceptable)	1	
Largo FL 33774		
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ed agent,	
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.)	
Karen W. Allen Pro (Signature of an officer or director) Karen W. Allen Pro (Printed or typed name and title)	<u>es.</u>	
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent. document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this n that the	
Kacer Allen 9-19-06 (Signature of Registered Agent) (Date)		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		
(Typed or Printed Name)		

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

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