P07 600105454

Office Use Only



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12/12/16--01006--016 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INTERPLEX PROTO-STAMP, INC

Name of Corporation

P07000105454

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:

Waldo Mercado

Name of Contact Person

Vistra

Firm/Company

888 7th Avenue 5th Floor

Address

New York, NY 10019

City/State and Zip Code

waldo.mercado@vistra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Waldo Mercado

,212 ,

500-6259

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
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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of Florida rockets or registered agent, or both, in the State of Florida.
	the corporation: INTERPLEX PROTO-STAMP, INC
2. The principal office address: 6690 HIATUS RD TAMARAC, FL 33321	
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/01/2007 Document number: P07000105454
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) MASTRARRIGO, CHUCK 6690 HIATUS ROAD TAMARAC, FL 33321
	MASTRARRIGO, CHUCK
	6690 HIATUS ROAD
	TAMARAC, FL 33321
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Incorporating Services, Ltd.
	1540 Glenway Drive
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is anthorized by resolution duly adopted by its board of directors or by an officer so be corporation has been notified in writing of the change.
- Mag	Athorned Other - Waldo Mercade Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change:
2njead	oug from Amal Secret 11/15/16 patro of Registered Agent Date
If signing on be	half of an entity:
	an, Assistant Secretary yped or Printed Name

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