

P07000123093

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 17 PM 2:42

FILED

REGISTERED AGENT CHANGE

PRINT & MAIL CONSULTING, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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: PRINT & MAIL CONSULTING, INC.
2. The principal office address: 2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/13/07 Document number: P07000123093
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FILINGS, INC.

3732 NW 16TH STREET

FORT LAUDERDALE, FL 33331

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

JAY M. GAMBERG

4000 HOLLYWOOD BLVD., SUITE 350N

P.O. Box NOT acceptable)

HOLLYWOOD, FL 33021

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.

John Hambrick
(Signature of an officer or director)

IAN GAMBERG

(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.

(Signature of Registered Agent)

12/17/07

(Date)

If signing on behalf of an entity:

(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
CR2ED45 (8/05)

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