P07000132097

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND AMASSEE. FLORID.

WE STORY

COVER LETTER

Division of Corporations					
Printworks Venture Inc					
SUBJECT: Printworks Venture, Inc. (Name of Corporation)					
P07000132097					
DOCUMENT NUMBER: P07000132097					
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:					
Gary D. Sizemore					
(Name of Contact Person)					
Printworks Venture, Inc.					
(Firm/Company)					
P.O. Box 1735					
(Address)					
Oldsmar, FL 34677					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
040 005 0405					
Gary D. Sizemore at (813) 925-0195 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Traine of Contact Length) (Traine Court of Paymer Temphone Traine Court of Paymer Temphone Te					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Mailing Address: Amendment Section Street Address: Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi or to change its registered office or register	zed under the laws of the State of $_$	Florida		
1. The name of	the corporation: Printworks Venture, Inc.				
	office address: 477 Commerce Blvd, Olds	smar, FL 34677			
3. The mailing a	address (if different): P.O. Box 1735, Old	smar, FL 34677			
4. Date of incor	poration/qualification: 12/14/2007	Document number: P070001	132097		
	d street address of the current registered agreement of State:	ent and registered office on file wit	th the		
	Phillip Sprecher		<u> </u>		
	477 Commerce Blvd		質る工		
	Oldsmar, FL 34677		ARY SSE		
6. The name and (if changed):	I street address of the new registered agent	t (if changed) and /or registered off	OF STATE		
	8509 Benjamin Road, Suite E		-		
	(P.O. Box NOT acceptable)				
	Tampa, FL 33634		_		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of it	s registered agent,		
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so		
The	fre of an officer or director)	Phillip Sprecher, President	title)		
	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and con gation of my position as registere registered office address, I herel	nplete performance A agent. Or, if this by confirm that the		
John White	My Ent	May 16, 2008			
	gnatur of Registered (gent)	(Date)			
5 C	•				
Phillip Sprect	Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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