

PD8000074975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

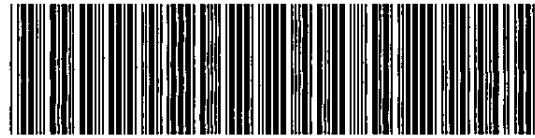
(Business Entity Name)

(Document Number)

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@ 4/16/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EcoColor Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000074975

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:

Michael C. Taylor  
Name of Contact Person

EcoColor Solutions, Inc.  
Firm/Company

239 S. Roscoe Blvd.  
Address

Ponte Vedra Beach, FL 32082  
City/State and Zip Code

mtaylor@ecocolorsolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C. Taylor at ( 904 ) 655-3798  
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**

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: EcoColor Solutions Inc.
2. The principal office address: 226-5 Solana Road Suite 148, Ponte Vedra Beach, FL 32082
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/11/2008 Document number: P08000074975
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

Tallahassee, FL 32301-2960

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

Michael C. Taylor

239 S. Roscoe Blvd.

P.O. Box NOT acceptable

Ponte Vedra Beach, FL 32082

10 APR 15 AM 9:28  
TALLAHASSEE, FL  
STATE DEPARTMENT OF REVENUE

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.

Michael C. Taylor  
Signature of an officer or director

Michael C. Taylor - President  
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.

Michael C. Taylor  
Signature of Registered Agent

4/12/10  
Date

If signing on behalf of an entity:

Michael C. Taylor  
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