## P09000052609

•	(Requestor's Name)	
,	(Address)	_
	. (Address)	
	(City/State/Zip/Phone #)	
	PICK-UP WAIT MAIL	
	(Business Entity Name)	
į	(Document Number)	;
a Z	Certified Copies Certificates of Status	3
• • •	Special Instructions to Filing Officer:	· -



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Office Use Only

## **COVER LETTER**

SUBJECT: ABC TSHIRT Printing INC
Name of Corporation

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

DOCUMENT NUMBER: 27-0398154 EIN

TO:

Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following:
Desses Jean Name of Contact Person
Name of Contact Person
ABC TSHIRT PRINTING INC
417 S.W. 8th St Address
Belle Glade Fl 33430 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Desses Jean Name of Contact Person  at (541) - 261 - 5673  Area Code & Daytime Telephone Number
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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## 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: ABC T SHIRT PRINTING IN C.
2. The principal office address: 4/7 S.W. 8 <sup>H</sup> S+ Belle Glade, Florida 33430
3. The mailing address (if different): D.O. BOX 1067  Belle Glade, Flouida 33430
4. Date of incorporation/qualification: Lune 19, 2009 Document number: Pogoob 5 3 600
5. The name and street address of the current registered agent and registered office on file with the File Florida Department of State: (If resigned, enter resigned)  Russigned  Russigned
Lauderhill, Florida 33419
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Second
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.    Description   Descrip
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.
October Des Date  October Date  October Date  October 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