

P09000 100 197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **DAX COPYING AND PRINTING, INC**

Name of Corporation

DOCUMENT NUMBER: **P09000100197**

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:

KAREN DI FEO

Name of Contact Person

DAX COPYNG AND PRINTING, INC

Firm/Company

2035 N UNIVERSITY DRIVE

Address

SUNRISE, FL 33322

City/State and Zip Code

ritacolcopy@yahoo.com

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

For further information concerning this matter, please call:

KAREN DI FEO

Name of Contact Person

954 424 0100

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: DAX COPYING AND PRINTING, INC
2. The principal office address: 2035 N UNIVERSITY DRIVE
SUNRISE, FL 33322
3. The mailing address (if different): 2035 N UNIVERSITY DRIVE
SUNRISE, FL 33322
4. Date of incorporation/qualification: 12/11/2009 Document number: P09000100197
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)

BATCHELDER BRUCE, 1868 NORTH UNIVERSITY DRIVE SUITE 106
PLANTATION, FL 33322

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

BATCHELDER BRUCE, 2035 N UNIVERSITY DRIVE
SUNRISE, FL 33322

P.O. Box NOT acceptable

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.

Bruce Batchelder

Signature of an officer or director

BRUCE BATCHELDER, 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.

Bruce Batchelder

Signature of Registered Agent

02/19/2019

Date

If signing on behalf of an entity:

BRUCE BATCHELDER

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