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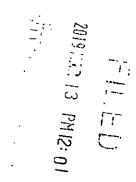
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DAX COPYING AND PRINTING, INC

P09000100197 DOCUMENT NUMBER:

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

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

statement of cha	nge is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Florid ration organized under the laws of the State of ice or registered agent, or both, in the State of	f FLORIDA
1. The name of t	he corporation: DAX COF	PYING AND PRINTING, INC	
2. The principal	office address: 2035 N U	NIVERSITY DRIVE	
3. The mailing a SUNRIS	ddress (if different): 2035 SE, FL 33322	N UNIVERSITY DRIVE	
4. Date of incorp	ooration/qualification: 12/1	1/2009 Document number: P090	000100197
	street address of the current tment of State: (If resigned, o	registered agent and registered office on file enter resigned)	with the
	BATCHELDER BRUCE,18	68 NORTH UNIVERSITY DRIVE SUITE 10	6
	PLANTATION, FL 3	3322	_
6. The name and (if changed):		gistered agent (if changed) and /or registered	
		ICE, 2035 N UNIVERSITY DRIVE	<u>=</u> =-
	SUNRISE, FL 33322		
		P.O. Box 1804 acceptable	2019
as changed will	be identical.	d the street address of the business office of	its registered agent.
Such change wa authorized by th	s authorized by resolution d e board, or the corporation l	uly adopted by its board of directors or by a has been notified in writing of the change.	n officer so
	Bertetreller	BRUCE BATCHELDER	PRESIDENT
I hereby accept. I further agree to performance of a agent. Or, if thi	o comply with the provision my duties, and I am familia s document is being filed ma	Printed of typed name and ead agent and agree to act in this capacity, s of all statutes relative to the proper and cor with and accept the obligation of my positively to reflect a change in the registered of an notified in writing of this change.	implete on as revistered
Bone B	although	02/19/2019	·
If signing on bel		1 403	
	TCHELDER		
	ped 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 * * *