

P10000010990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

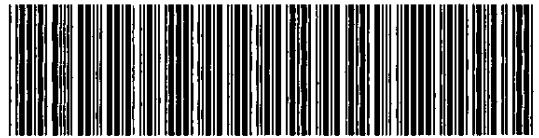
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR - 8 PM 2:09

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*RA. Charge*  
C.COULLETTE

MAR 09 2010

EXAMINER

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORTH LAKE PRINTING INC.
2. The principal office address: 40436 OLD Church Road, LADY LAKE, FL. 32159
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 2/5/2010 Document number: P10000010990

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)

SHANNON B WATERS (RESIGNED)  
4422 NE 83<sup>RD</sup> Road  
WILDLAND, FL. 34785

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

Mike SAPP  
40436 Old Church Road  
P.O. Box NOT acceptable  
LADY LAKE, FL. 32159

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TALLAHASSEE, FLORIDA

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.

Mike Sapp  
Signature of an officer or director

MIKE SAPP 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.*

Mike Sapp  
Signature of Registered Agent

3/5/10  
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  
CR2E045 (8/05)