

P100000011306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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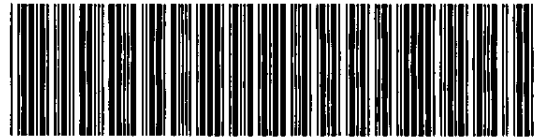
(Business Entity Name)

(Document Number)

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14 MAY 27 10 7:50  
TALLAHASSEE, FLORIDA

R/A Cmg

MAY 28 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2014

JAY RADIN  
6750 N ANDREWS AVE. STE 200  
FORT LAUDERDALE, FL 33309

SUBJECT: FORREST GRAPHICS INC.  
Ref. Number: P10000011306

We have received your document for FORREST GRAPHICS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 314A00006360

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Forrest Graphics Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000011306

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:

Jay Radin

Name of Contact Person

Forrest Graphics Inc.

Firm/Company

6750 North Andrews Ave. Ste200

Address

Fort Lauderdale, Fl. 33309

City/State and Zip Code

jay@forrestprinting.com

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

For further information concerning this matter, please call:

Jay Radin

Name of Contact Person

at ( 954 ) 718-2322

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: Forrest Graphics, Inc.
2. The principal office address: 9109 N.W. 73rd St., Tamarac, Fl. 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Feb. 8, 2010 Document number: P10000011306

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)

~~Forrest Graphic Inc.~~ E. Jay Radin

9109 NW 73rd St.

Tamarac, Fl. 33321

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

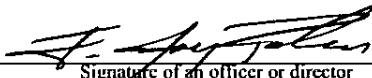
6750 North Andrews Ave. #200

P.O. Box NOT acceptable

Fort Lauderdale, Fl. 33309

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.



Signature of an officer or director

E. Jay Radin, 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.*



Signature of Registered Agent

5-23-14

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