

P14000015067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 31 2014  
T. CARTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 22 AM 7:28

RA/RO Change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mr Print Ink Business Center

Name of Corporation

**DOCUMENT NUMBER:** P14000015067

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:

James Harrell

Name of Contact Person

Mr. Print Ink Business center

Firm/Company

109 south state road 7

Address

plantation, fl 33317

City/State and Zip Code

james@mrprintink.com

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

For further information concerning this matter, please call:

james harrell

Name of Contact Person

at ( 954 ) 319-2702

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

JAMES HARRELL  
MR. PRINT INK BUSINESS CENTER  
109 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

SUBJECT: MR PRINT INK BUSINESS CENTER, INC.  
Ref. Number: P14000015067

We have received your document for MR PRINT INK BUSINESS CENTER, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 214A00021200


RECEIVED  
14 OCT 22 PM 1:05  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: Mr Print ink business center, Inc
2. The principal office address: 109 south state road 7, Plantation, FL 33317
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02-17-2014 Document number: d14000015068
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)

*Initials*  the company corporation Corporation Service Company  
p.o. box 826447 1201 Itays Street  
philadelphia, pa 19182-6447 Tallahassee, FL 32301

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

james harrell

109 south state road 7

P.O. Box NOT acceptable

fort lauderdale, fl 33317

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

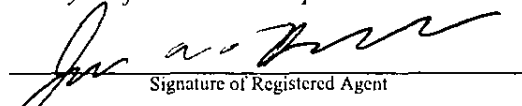
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

James Harrell, manager

\_\_\_\_\_  
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

09-17-2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

james harrell

\_\_\_\_\_  
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 (03/12)