

P/6000045636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

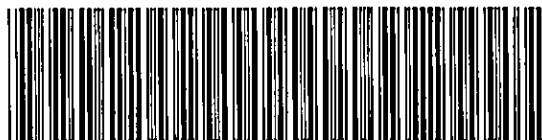
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
SEP 28 2018

FILED
18 SEP 27 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amad



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

MARK HUBBARD
DIGITAL PRINTING EXPRESS INC.
232 SEAMIST COURT
PONTE VEDRA BEACH, FL 32082

SUBJECT: DIGITAL PRINTING EXPRESS INC.
Ref. Number: P16000045636

We have received your document for DIGITAL PRINTING EXPRESS INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00019586

So Sorry! Totally forgot
this cashiers check/money order.
Thank You

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIGITAL PRINTING EXPRESS, INC.

DOCUMENT NUMBER: P16000045636

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK HUBBARD

Name of Contact Person

DIGITAL PRITING EXPRESS, INC.

Firm/ Company

232 SEAMIST COURT

Address

PONTE VEDRA BEACH, FL. 32082

City/ State and Zip Code

gerrihubbard@aol.com

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

RECEIVED
18 SEP 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK HUBBARD

at (904)

252-3225

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

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

Articles of Amendment
to
Articles of Incorporation
of

DIGITAL PRINTING EXPRESS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000045636

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Add	SV	Sally Smith
-------	----	-------------

Address

1) <input type="checkbox"/> Change	<u>D</u>	<u>GERRI HUBBARD</u>	<u>232 SEAMIST CT</u>
<input type="checkbox"/> Add			<u>PONTE VEDRA BEACH, FL. 320</u>
<input checked="" type="checkbox"/> Remove			

2) <u> </u> Change	<u> </u> D	<u> </u> MARK HUBBARD	<u> </u> 232 SEAMIST CT
<u> </u> Add			<u> </u> PONTE VEDRA BEACH, FL. 320
<u>X</u> Remove			<u> </u>

3) <u>Change</u>	<u>P</u>	<u>MARK HUBBARD</u>	<u>232 SEAMIST CT</u>
<u>X</u> Add			<u>PONTE VEDRA BEACH, FL. 320</u>
<u>Remove</u>			

4) _____ Change _____
 _____ Add _____
 _____ Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

09/12/2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

09/12/2018
Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mark Hubbard

(Typed or printed name of person signing)

President

(Title of person signing)