

P16000058868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/7/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRINTING EXPERIENCE CORPORATION
Name of Corporation

DOCUMENT NUMBER: P160000588868

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:

AMY TORRIJOS

Name of Contact Person

PRINTING EXPERIENCE CORPORATION

Firm/Company

14643 SW 6TH STREET

Address

PEMBROKE PINES FL 33027

City/State and Zip Code

ALW113@YAHOO.COM

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

For further information concerning this matter, please call:

AMY TORRIJOS

Name of Contact Person

at (954) 6830988

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: Printing Experience Corporation

2. The principal office address: 14643 SW 6TH ST
PEMBROKE PINES FLORIDA 33027

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/9/2016 Document number: P16000058868

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)

VICTOR HUGO AMARO

10351 NW 45TH LANE

DORAL FLORIDA 33178

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

AMY TORRIJOS

14643 SW 6TH ST

P.O. Box NOT acceptable

PEMBROKE PINES FL 33027

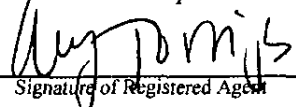
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

1/24/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

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2017 FEB -2 PM 3:41
TALLAHASSEE
FLORIDA DEPARTMENT OF STATE