P22000032622

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL		
(City/State/Zip/Phone #)		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	Graphics "R" US INC	
	Name of Co	rporation
DOCUMEN	ST NUMBER: <u> </u>	
The enclosed	d Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Scril Bowst/ Name of Con	lact Person
	GIAPHIC "R" ()	1 Inc
	Firm/Cor	npany
	1317 Edgewater Drive Suite #5223	
	Addre	285
	Orlando FL 32804	
	City/State and	l Zip Code
	Scotle parsofaire. co	M
	Scotte PAIS now E. Co E-mail address: (to be used for fu	ture annual report notification)
For further i	nformation concerning this matter, please ca	all:
}	cott Bous4	at (717) 79-928 6 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Departi	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO:

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 <u>FLORTDA</u>
1. The name of the corporation: Link of the Corporation: Link of the Corporation of the C
1. The name of the corporation: DIAPHICS "R" US TNC 2. The principal office address: 1317 Edgswater Drwe. Suite \$ 5223 ORLANDO, FL 32804
3. The mailing address (if different):
4. Date of incorporation/qualification: 42072 Document number: P2200032622
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)
LEGALCOLY Solutions, LLC
3440 W Hollyward BLVD. SUTE 415
Hollywood, FL 33021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kelly Miller 1317 Edgewrier Drute PO. Box NOT acceptable Orcanoo, FL 32804
1317 Edgewater Drive
PO. Box NOT acceptable Original Fig. 72.484
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.
Sett Ez (Cett Gause)
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 distregion 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.
3ackary close 5/16/2022 Spinature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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