P23721

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DEPARTMENT OF STATE
DIVISION OF CORPORATION

TOEC -1 AN DES

CCOULLIETTE

DEC 01 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 996319

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: November 29, 2011

ORDER TIME : 9:54 AM

ORDER NO. : 996319-007

CUSTOMER NO: 7859033

CHANGE OF AGENT

NAME: AUTO-GRAPHICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is sub	mitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of <u>Califor</u> stered agent, or both, in the State of Florida.		-
1. The name of the corpora	tion: AUTO-GRAPHICS	OF CALIFORNIA, INC.		
2. The principal office add	ress: 3201 Temple Avenu	e, Pomona, CA 91768		
3. The mailing address (if o		——————————————————————————————————————		
4. Date of incorporation/qu	alification: 04/04/1989	Document number: P23721		
5. The name and street addr Florida Department of Se		agent and registered office on file with the		
CT Corp	ooration System			
1200 S. I	Pine Island Road			
Plantatio	Plantation, FL 33324			態の
6. The name and street addr (if changed):	ress of the new registered ag	ent (if changed) and /or registered office	3 DEC -	ELONG PAR
Corporation Service Company		**************************************	- -	
1201 Hays Street		*		
m 11 1	(P.O. Box NOT acceptab	ole)	(<u>r</u>	
	see, FL 32301			17.5
The street address of its reas changed will be identicated	gistered office and the stree al.	et address of the business office of its registe	ered agent	ί,
Such change was authorized authorized by the board, or	ed by resolution duly adopt r the corporation has been r	ed by its board of directors or by an officer and its directors or by an officer and its directors.	so	
		Maureen Cathell, Vice President		
I hereby accept the appoin I further agree to comply v	tment as registered agent a with the provisions of all sta	(Printed or typed name and title) and agree to act in this capacity, attutes relative to the proper and complete pe bligation of my position as registered agent, the registered office address, I hereby confir e.	erformanc Or, if the m that the	e is e
By: (Signature of Regi	Company \	11/30/2011 (Date)		
If signing on behalf of an e	1	(Date)		
Grace Kirby, Asst. VP	•			
(Typed or Printed	d Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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