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(Address)							
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	City/State/Zip/Phone #)						
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*** COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Gold Star Graphics Inc. Name of Corporation
DOCUMENT NUMBER: P 920000 14273
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:
Matthew Perry Name of Contact Person
Gold Star Graphics Firm/Company
15108 Jog Road Address
Delray Beach FL 33446 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Perry at (561) 495-7898 Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of change is su	ibmitted for a c	corporation organi	zed under	the laws of th	e State of F	orida
		ed office or register	^		e state of Florida	1.
1. The name of the corpo	··· · · · · · · · · · · · · · · · · ·	old Star	<u>000</u>	phic)	111C,	
2. The principal office ac		108 Jo	J	oad		<u> </u>
	<u> </u>	Iray beac	p 1	-L 331	446	
3. The mailing address (i	f different):					
4. Date of incorporation/	oualification:	12/21/1992	Dog	ument number	- P92000	0014273
•	•	• •				
5. The name and street as Florida Department of				egisterea omic	e on file with the	;
	Perry, M	natthe w				
	5859	w. Atlan	ntic	Ave s	Ste B3	O
	Delray	Beach,		33484		IVIS AUG
6. The name and street ac (if changed):	ddress of the no	ew registered agen	t (if chan	ged) and /or re	gistered office	31 AM
	Perry,	Matthew				÷ 5
	15108	Jog Road				5
	Delray	P.O. Box NOT:	Acceptable FL	33446		
The street address of its as changed will be ident	registered offi	ce and the street a	ddress of	the business	office of its regis	stered agent,
Such change was author authorized by the board.						r so
Signature of an off	cer or director			lathew Printed or type	Perry d name and title	President
I hereby accept the appo I further agree to compl performance of my dutie agent. Or, if this docum hereby confirm that the	aintment as rec	gistered agent and visions of all statu miliar with and ac led merely to refle as been notified in	l agree to tes relati cept the ct a chan writing o	act in this cap we to the proposition of r ge in the regis of this change.	oacity. er and complete ny position as re stered office add	gistered ress, I
Mutt Pur Signature of Ro	~			8/27/	15	
Signature of Ro	egistered Agent			↓ Da	ite	
If signing on behalf of a	n entity:					
md . m .	and Name					
Typed or Prir	neu Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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