P940000 40327

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TALLAHASSEE, FIORIC

BAYN

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT:	C&L Graphics, Name of Corpora	Inc ation	
DOCUMENT NUMBER:	P940000	040327	
The enclosed Statement of Change	of Registered Office/Age	nt and fee are submit	ted for filing.
Please return all correspondence co	oncerning this matter to the	e following:	
	Carlos Rodrig	uez	
	Name of Contact I	Person	
	001 0	t	
	C&L Graphics, Firm/Compan		
	i iiti/Compan	· y	
	3901 NW 79 Ave	e. #244	
	Address		
	Doral, FL 331	166	
	City/State and Zip	Code	
	carlosrodriguez65@cc	omcast net	
	ss: (to be used for future		cation)
For further information concerning	g this matter, please call:		
.	•	=00	
Carlos Rodrig Name of Contact Po			877-5522 ne Telephone Number
Name of Contact F	EISOII	Area Code & Daytii	ne relephone Number
Enclosed is a \$35.00 check made p	payable to the Department	of State.	
<u>Mailing A</u>	ddress:	Street Address:	.•
	ent Section	Amendment Se	
P.O. Box	of Corporations	Division of Co Clifton Buildin	•
	see, FL 32314	2661 Executive	_
i ananass	00, 111 52517	Tallahassee, FI	

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: C&L Graphics, Inc.
2. The principal	office address: 12420 SW 75 Street, Miami, FL 33183
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 05/31/1994 Document number: P9400040327
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Carlos Rodriguez 12420 SW 75 St., Miami, FL 33183
	Loudes Rodriguez (Resigned)
	12420 SW 75 St., Miami, FL 33183
6. The name and (if changed):	Loudes Rodriguez (Resigned) 12420 SW 75 St., Miami, FL 33183 I street address of the new registered agent (if changed) and /or registered office New Office Address: 3901 NW 79 Avenue, Suite 244
	New Office Address:
	P.O. Box NOT acceptable Doral, FL 33166
The street addr	ess of its registered office and the street address of the business office of its registered agent, be identical.
authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
SignStri	Cawas Rodrisuz/President
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Date Date
If signing on be	chalf of an entity:
	yped or Printed 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 * * *