

PG400007865/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/07--01027--005 **25.00

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2007 DEC 31 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Chen
[Signature]

1-208

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRINT AMERICA
(Name of Corporation)

DOCUMENT NUMBER: P94000078651

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:

MITCHELL KRIEG
(Name of Contact Person)

PRINT AMERICA, INC.
(Firm/Company)

1286 N MILITARY TRAIL
(Address)

WEST PALM BEACH, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHELL KRIEG at (561) 242-9911
(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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2007

MITCHELL KRIEG
PRINT AMERICA INC.
1286 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409

SUBJECT: PRINT AMERICA, INC.
Ref. Number: P94000078651

We have received your document for PRINT AMERICA, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

There is a balance due of 10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 807A00071190

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRINT AMERICA
2. The principal office address: 1286 N. MILITARY TRAIL
WEST PALM BEACH, FLORIDA 33409
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/1994 Document number: P94000078651
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MITCHELL KRIEG
1318 N. MILITARY TRAIL
WEST PALM BEACH, FLORIDA 33409

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

MITCHELL KRIEG
1286 N. MILITARY TRAIL
(P.O. Box NOT acceptable)
WEST PALM BEACH, FLORIDA 33409


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

MITCHELL KRIEG, 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)

12/14/2007

(Date)

If signing on behalf of an entity:

MITCHELL KRIEG
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)