## P96000019960

(Requestor's	- Nama)
(Nequesion	s Name)
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(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	icer:
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RAChange Thews 1/14/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VILLAGE PRINTING, /NC. (Name of Corporation)
DOCUMENT NUMBER: P 96 0000 19960
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:
PATRICK CORRIDAN (Name of Contact Person)
VILLAGE PRINTING, INC. (Firm/Company)
627 BREVARD AVE. (Address)
Coeoa, Florida, 32922 (City/State and Zip Code)
For further information concerning this matter, please call:
PATRICK CORRIGAN at (3>1) 632-0574  (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

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

	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida
	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: VILLAGE PRINTING, INC.
2. The principal off	ice address: 627 BREVARD AVE,
	ice address: 627 BREVARD AVE,  COCOA, FL 32922
	ress (if different):
4. Date of incorpora	ation/qualification: June 3, 1996 Document number: P960000 19960
5. The name and str Florida Departme	reet address of the current registered agent and registered office on file with the
riorida iseparini	NEAD. DONALD L.
_	627 BREVARD AJE.
_	COCON, FL 32922 FOR E T
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office
	PATRICIE CORRIDAN MO 3
	(P.O. Box NOT acceptable)
	<b>y</b>
	COCOA FL 32922
The street address of as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the b	uthorized by resolution duly adopted by its board of directors or by an officer so oard, or the corporation has been notified in writing of the change.
Onald (Signature of	DONALD L. NEAD, Pres.  (Printed or typed name and title)
I herehv accent the	appointment as registered agent and agree to act in this capacity. omply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the en notified in writing of this change.
M. K. (Signatu	re of Registered Agent) (Date)
f signing on behalf	f of an entity:
× gu	
(Typed	d 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 \* \* \*