## P96000068484

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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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T. Roberts NOV 0 8 2006

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: CAPITOL COLOR MAIL, INC. (Name of Co	rporation)			
DOCUMENT NUMBER: P96000068484				
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:				
CHARLES PALMER (Name of Cont	tact Person)			
CAPITOL COLOR MAIL, INC. (Firm/Company)				
9240 BONITA BEACH ROAD (Address)				
BONITA SPRINGS, FL 34135				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
CHARLES PALMER	at ( 239 ) 273-2994 (Area Code & Daytime Telephone Number)			
(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 .

statement of chang	3	607.1508, or 617.1508, Florida Statutes, t ed under the laws of the State of FLORID ed agent, or both, in the State of Florida	
1. The name of the	e corporation: CAPITOL COLOR MAIL, I	NC.	
2. The principal of	ffice address: 9240 BONITA BEACH RO	AD	
BONITA SPR	INGS, FL 34135		150 G
3. The mailing add	dress (if different):		F. 9
			70.5
4. Date of incorpo	ration/qualification: 08/16/1996	Document number: P96000068484	
5. The name and s Florida Departr	street address of the current registered age ment of State:	ent and registered office on file with the	FLORIC
L	OVELACE, JEFFREY G		P
9	9240 BONITA BEACH ROAD		
<u> </u>	BONITA SPRINGS, FL 34135		
6. The name and s (if changed):	street address of the new registered agent	(if changed) and /or registered office	
<u> </u>	BOYLAN, MICHAEL J.		
Ç	9240 BONITA BEACH ROAD		
_	(P.O. Box NOT acceptable)		
<u> </u>	BONITA SPRINGS, FL 34135	<u> </u>	
The street addres as changed will b	s of its registered office and the street as e identical.	ddress of the business office of its registe	red agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been noti	by its board of directors or by an officer street in writing of the change.	50
(Signature	of an Olerer or director)	MICHAEL J. BOYLAN - PRESIDENT (Printed or typed name and title)	<del></del>
I hereby accept the I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and comply with the provisions of all statu I am familia <u>r wi</u> th and accept the oblig g filed merely to reflect a change in the been natified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete pe tation of my position as registered agent. registered office address, I hereby confir	erformance Or, if this m that the
	1	10/31/06	
(Xign	ature of Registered Agent)	(Date)	···
If signing on beh	alf of an entity:		
(Ту	ped 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 \* \* \*