P970009475Z

r.			
	(Re	equestor's Name	9)
	(Ad	idress)	
	(Ad	ldress)	
	(Cit	ty/State/Zip/Pho	ne #)
PICH	(-UP	WAIT	MAIL
	(Bu	ısiness Entity N	ame)
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Certified Copies		Certificat	es of Status
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Special Instruct	ions to	Filing Officer:	

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	-
SUBJECT: Print Plus Inc.	±
(Name of corporation)	•
DOCUMENT NUMBER: P97000094752	
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:	
David R. Stevenson (Name of person)	`
(Name of person)	
Print Plus Inc.	-
(Name of firm/company)	
6407 Matchett Rd.	
(Address)	
Orlando, FL 32809	1 · - -
(City/state and zip code)	
For further information concerning this matter, please call:	
David R. Stevenson at (407) 851-6958 (Name of person) (Area code & daytime telephone number)	
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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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	e laws of the State of
Florida in order to change its registered office or registere	d agent, or both, in the State
of Florida.	4 1-3
1. The name of the corporation: Print Plus Inc.	
2. The principal office address: 6407 Matchett Rd. Orlando, FL 32809	1. [A
	D:
	<u> </u>
3. The mailing address (if different):	——————————————————————————————————————
4. Date of incorporation/qualification:	number: P9700009475
5. The name and street address of the current registered agent and registere Florida Department of State:	d office on file with the
Corporation Service Company	
1201 Hays Street	 *
Tallahassee FL 32301	
6. The name and street address of the new registered agent (if changed) changed): David R. Stevenson	and /or registered office (if
6407 Matchett Rd.	
(P.O. Box or personal mailbox NOT acceptable)	
Orlando, FL 32809	
The street address of its registered office and the street address of the bus agent, as changed will be identical.	iness office of its registered
Such change was authorized by resolution duly adopted by its board of di authorized by the board, or the corporation has been notified in writing of	rectors or by an officer so f the change.
(Signature of an officer, chairman or vice chairman of the board) David R. Stevenson (Printed or typed)	•
I hereby accept the appointment as registered agent and agree to act in the I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation registered agent. Or, if this document is being filed merely to reflect a chapter of the confice address, I hereby confirm that the corporation has been notified in	iange in the registerea
(Signature of Registered Agent) (Da	ite)
If signing on behalf of an entity:	
(Typed or Printed Name) (Car	racity)

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