P98000105219

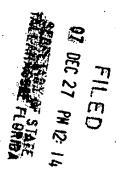
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: TAYLOR-WHITNEY PRINTING &	PUBLISHING, INC.
	D00000405040	
DOC	UMENT NUMBER: P98000105219	
The er	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	RICHARD OVERFIELD	
	(Name of Con	fact Person)
	KEYS ACCOUNTING & TAX SI (Firm/Con	
	P O BOX 1578 (Addre	ess)
	KEY LARGO FL 33037	
	(City/State and	Zip Code)
For fu	rther information concerning this matter, please ca	all:
RICHARD OVERFIELD at (305) 451-3464 EXT 208		at (305) 451-3464 EXT 208 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departm	nent 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

TO:

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.
1. The name of	the corporation: TAYLOR-WHITNE	EY PRINTING & PUBLISHING, INC.
2. The principal	office address: 82905 OVERSEAS	S HWY. ISLAMORADA FL 33036
3. The mailing a	address (if different): P O BOX 433	3 ISLAMORADA FL 33036
4. Date of incorp	poration/qualification: 12/18/1998	Document number: P98000105219
	d street address of the current regist tment of State:	tered agent and registered office on file with the
	MARIE E TAYLOR-WHITN	EY
	130 HARBORVIEW DR	
	TAVERNIER FL 33070	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office
	THOMAS HOLLORAN	一
	408 COCONUT DR	
	(P.O. Box NOT ac	ceptable)
	KEY LARGO FL 33037	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Thom	. Gallen	THOMAS HOLLORAN
	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the thange.
There	Haden	12/26/2007
(Sig	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
THOMAS HO		
T)	'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 * * *