Pagoo Requester's Name	0028749
Color Expressions 300 Boodvier Are, Alf. Spp PL 32701	
CODDOD ATION NAME (S) & DOCT	Office Use Only  MENT NITMOPPO(S) (if Irrayra).
CORPORATION NAME(S) & DOCU	MENT NOMBER(S), (II KHOWII):
1. (Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document#) <b>80005492078</b> 2 -05/08/0201052009 ******35.00 ******35.00
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of States
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials
	Examiner's Initials
CR2E031(7/97)	

## 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,
the undersigned corporation organized under the laws of the State of Planda submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation:
Color Empressions of Altamonte Inc.
2. The mailing address of the corporation: PO Box 150672 SA Altamonte Spring FL 32715 - CORTS
Altamonte Springo PL 32715 - 00072
3. Date of incorporation/qualification: 03/12/1999 Document number: 19900000825
4. The name and address of the current registered agent and office:
Michael S. Osborn  4646 W. Irlo Bronson Memorial Hury. F  kissimmec, FL 34746  Englishment (if showed) and/or registered office (if shanged):
4646 W. Irlo Bronson Memorial Fly.
Kissimmer, FL 34746
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Jerry Selwyn
300 Broodview Are.
300 Broodview Are.  Altamorte Springs, PL 32701
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.
4/20/2002
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
4/20/2002
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314