P99000072164

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SECRETARY OF STATE
AND ASSEF, FI ORIDA

R.A. Change

TB 3-7-08

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: MILLER TROPHIES AND F	PRINTING INC. f Corporation)			
DOCUMENT NUMBER: P99000072164				
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:				
DANTE HINES				
(Name of Contact Person)				
MILLER TROPHIES AND PRINTING INC. (Firm/Company)				
2700 WEST ATLANTIC BLVD. SUITE 251 (Address)				
POMPANO BEACH, FLORIDA 33069 (City/State and Zip Code)				
For further information concerning this matter, please call:				
DANTE HINES (Name of Contact Person)	at (954) 983-8719 (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 cha	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida Sta organized under the laws of the State of <u>F</u> egistered agent, or both, in the State of Flo	LORIDA
1. The name of t	he corporation: MILLER TROPH	IES AND PRINTING INC.	
	office address: 2700 WEST ATLA		
Pon	yeans Beach, FL	53069	
3. The mailing a	ddress (if different): 2775 TREAS	SURE COVE CIRCLE	
FORT LAU	DERDALE FLORIDA 33312	,	
4. Date of incorp	poration/qualification: 08/09/1999	Document number: P990000	72164
	I street address of the current registe tment of State:	ered agent and registered office on file with	the
	TIMOTHY L MILLER		
	111 NW 183RD		,
	MIAMI FLORIDA 33169		THE T
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered offic	55 5
	DANTE HINES		一种是
	2775 TREASURE COVI		AH 10: 29 SEE. FLORIG
	(P.O. Box NOT aco		
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	dopted by its board of directors or by an or en notified in writing of the change.	fficer so
(Signatu	ire of arrotting of director)	DANTE HINES (Printed or typed name and tit	le)
I hereby accept	the amointment as registered age	ent and agree to act in this capacity. Il statutes relative to the proper and comp te obligation of my position as registered to in the registered office address, I hereby ange.	plete performance agent. Or, if this confirm that the
A.	To Minn	02/29/2008	
(Si)	gnature of Agrislered Agent)	(Date)	
If signing on be	half of an entity:		
(1	Typed or Printed Name)		

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