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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATI	ON: Xeros	raphic Supply	+ Equipment, I	nc.
DOCUMENT NUMBER:		• •	· .	
The enclosed Articles of Ar	nendment and fee are so	ubmitted for filing.		
Please return all correspond	lence concerning this ma	atter to the following:		
	Xerogra SISI Si Jacksonil	Address  Le FL 322  City/ State and Zip	Equipment, Inc.  Suite 11  Solution  Code	
For further information con			port notification)	
James M	1. Crean Sr.	at (90	04 ) 131-9112	Ex+ 201
Name of Co	ntact Person	Area	a Code & Daytime Telephone	Number
Enclosed is a check for the	following amount made	payable to the Florida I	Department of State:	
S \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Division o P.O. Box	ent Section of Corporations	An Div Cli	reet Address  nendment Section  vision of Corporations  fton Building  1 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Xerographics Supply 4 Equipment (Name of Corporation as currently filed with the Flo	t Co. Inc.	_
	orida Dept. of State)	
Sagua (Document Number of Corporation (if	known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	·	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
Nerographic Supply + Equipme name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Formula "For	Co". A professional corporation name must	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A ≥≤s	- á <del>- t</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	MAR 12 AM IO: 31
D. If amending the registered agent and/or registered office address:		
	. Crean Sr.	
	am Road Suite 17 et address)	
New Registered Office Address: Jacksonille (City)	Florida 32251 (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered Agent.	<i></i>	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an	d
address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	<u> Aike Jones</u>	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
1) Change Add Remove	ST	Joyce M. Caswell	2047 Hovington Circle Dest Jacksonille, FL 32246
2) Change Add Remove		<u> </u>	
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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M/A				
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n amendment provide	es for an exchange, rec	lassification, or ca	ncellation of issued share	<u>s,</u>
ovisions for implement (if not applicable, in	nting the amendment if dicate N/A)	not contained in t	the amendment itself:	
MIA	,			
"In				
<u> </u>				

The date of each amendment(s) adoptio	n: 03-09-12
Effective date if applicable:	03-09-12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
Dated <u> Mar نام ۵</u>	1, 20,12
Signature /	M Cun
	, president or other officer – if directors or officers have not been
	n incorporator – if in the hands of a receiver, trustee, or other court
appointed fide	uciary by that fiduciary)
	James M. Crean
	(Typed or printed name of person signing)
	President
<del></del>	(Title of person signing)